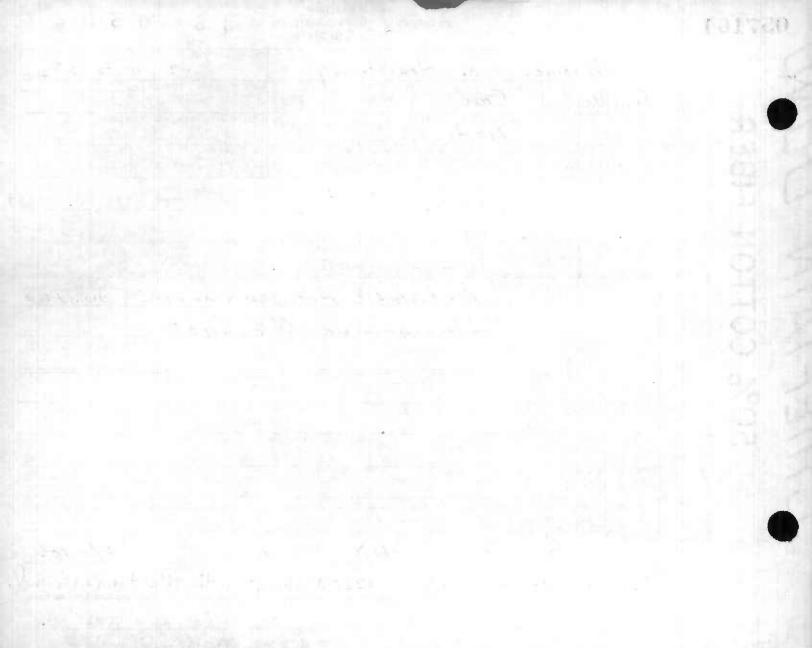
WashingtonesRoad

Pritts, Sr., Westminster

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4) 24 FUNERAL DIRECTOR



Garagiden B

- STATE

REGISTRAR

7200 THIRD AVE STABLE 7200 THIRD AVE SYKESVILLEIMD ar APPROXIMATE INTERVAL ATRIBUTING TO DEATH BUT NO FRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 706 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE . 19___ ____, that (I) (we) last __ and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated DATE REC'D. BY REGIS RAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 - whattiers (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

20

IF UNDER TYEAR

INDUSTRY

26 HOUR

12b. KIND OF BUSINESS OR

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91 515 4

BALTIMORE, MARYLAND 2

W. PRESTON ST.,

DIVISION OF VITAL RECORDS, 201

FOR

STATE OF MARYLAND DEPARTM

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ENT	OF	HEA	ALTH	AND	MENTAL	HYGIENE	8
					DEATH		12

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126 KIND OF BUSINESS OR INDUSTRY

Long Cross Rd. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

STATE

		REGISTRAR				CER	HILLAIE OF	DEATH	RE	G. NO.			
ı		EASED NAME	FIRST	,	MIDDLE		IAST	1000	20 DATE OF DEA	TH MONTH	DAY	YEAR	26 HOUR
	(TYPE	OR PRINT)	HOWARI		VERNON	ſ	BECKER	, SR.		2	18	86	331
Ī	SEX			RACE			TE OF BIRTH		6 AGE LINYEARS LA	ST BIRTHDAY)	IF UND	DER I YEAR	IF UNDER 24
	-	MALE		Cauca			4 5	95	9	O YR	RS	1	HOURS
1		THPLACE (STATE O	R FOREIGN 76	CITIZEN OF	WHAT COUN	TRY? 8	RRIED MEVE	R MARRIED	9 BALTIMORE CI				
2		MD		US	54)			DIVORCED [Carre	16 (: 0 Ch	174	1.
1	O CIT	Y OR TOWN OF DE	ATH 1		HOSPITAL, NE		AE OR OTHER IN	ISTITUTION	120 USUAL OCCU	PATION	121	L KIND &	F BUSINESS
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J		L RESIDENCE (# NU	136 COUNT		GIVE RESIDENCE			CITY LIMITS?	130.STREET ADDR	ESS / ZIP C	ODE	1	1.00
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1		AS DECEASED EVE		ED FORCES?		SECURITY N	O. 17 INFOR	TNAN	A	DDRESS	2	1090	
	(4)	NO	(IF YES, GIVE V	VAR OR DATES)	212-09	7-053	7 Howa	rd V. B	ecker, Jr	. 200	S. L	ong (Cross
ı		18 CAUSE OF DEA	TH (Enter only	one couse per	In for (a), (b	b), and ic						BETWEEN	MATE INTERVAL
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-1			MINIEDIAIE		D 16 1 CONS	FOIL SECTION	10 01 014	1					-
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\forall	CERTIFICATION	190 DATE OF OPER	ATION	196 COND	ITION FOR W	HICH OPERA	TION WAS PER	FORMED	200 AUTOPSY				NGS USED
Ž	F								YES T NO		RTIFYING	CAUSES	OF DEATH?
-	ER	21a ACCIDENT WAS U	NDERLYING	216 TIME O	F INJURY		21c HOW	INJURY OCCUR	RRED (ENTER NATURE C			OR PART 21	110
	AL O	OR CONTRIBUTING	CAUSE OF DEATH	1	M. MONTH		AR						
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П		BESIGNATURE		11-			DEGREE	ATTENDING	MEDICAL	STAFF	2	220 DAJE	SIGNED
Ц		Jul.	medi	lelos	···			PHYSICIAN	DIRECTOR PI			41	PIRC
		HYSICIAN'S	VAME (TYPE OR P	RINT)	1		22e ADDR	ESS	. 0	0.	1	,	4
		No home !	v.In	Iddle	ton		100	East 1	nam or	rest	Nest,	mm	ster V
1		URIAL, CREMATION	, REMOVAL	236 DATE		23c. NAME C	OF CEMETERY O	R CREMATORY	23d LOCATION		500	INTY	STATI

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If hem 21 is

24 FUNERAL DIRECTOR

Burial

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

2/20/86

Loudon Park Cem. 21229

Baltimore

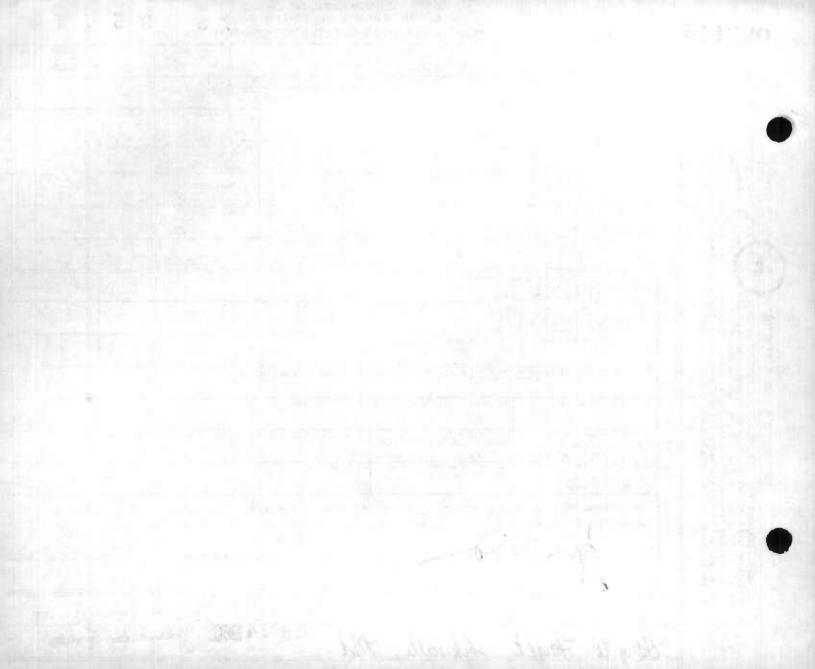
COUNTY Md.

REGISTRAR 25 REGISTBAR'S SIGNATURE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN 2b. HOUR 056982 OF ESTI-1986 DEATH MATED X John Bollinger E. 4 RACE 2d HOUR SEX S DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE WITHIN 72 HO LAST BIRTHDAY YEAR 10:20 a. M PRONOUNCED DIRE 1086 DEAD Je BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY. WIDOWED DIVORCED Carroll County FILED. 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY outside trailer 13a. STATE 13d: INSIDE CITY LIMITS? 13e. STREET ADDRESS M FATHER'S NAME FIRST Oh 160 WAS DECEASED EVER IN U.S. DIVISION (YES, NO. OR UNKNOWN) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT.
OF HEALTH AND MENTAL - TRANSIT PERMIT. MENTAL HYGIENE, N, OR REMOVAL PART I DEATH WAS CAUSED BY Ethanolism with Hypothermia MAMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF FOR FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYSAND, 21201 PRIOR TO BURILIA. YES [] NO XX 210 EXTERNAL CAUSE WAS 116 TIME OF INJURY est. 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH 2 - 1919 86 exposure to cold 21e PLACE OF INJURY If LOCATION STATE WHILE AT WORK outside trailer at 3515 Ridge Rd., Carroll Co., Maryland Inspection XX 220 I certify that I took charge of the remains described above, held an Inquiry and in my apinian Natural cause Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER 2-19-86 SIGNATUR EXAMINER'S NAME Smyth, M.D. ADDRESS 111 Penn St., Dennis Balto., (TYPE OR PRINT) 07/B4 25M 256. REGISTRAR'S IL FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5))

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) DEATH MATED Y WILBUR HERBERT **BROOKS** 19 86 4 RACE AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) DAY PRONOUNCED APR. 11 1925 DEAD MALE WHITE 60 YRS TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS USA VIRGINIA WIDOWED [DIVORCED X Carroll County AGE FILED, V 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY FOR MOST OF WORKING LIFE COAL MINER Sykesville COAL West Old Liberty Rd. USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION 134 INSIDE CITY LIMITS? 13e STREET ADDRESS 113b COUNTY 13c CITY OR TOWN 21 WEST OLD LIBERTY MARYLAND CARROLL SYKESVILLE NO X 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LERA CHARLES JAMES BROOKS MAE HALL 16b. SOCIAL SECURITY NO 17. INFORMANT 16e WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO. OR UNKNOWN) 235-30-9653 NO MELVIN BROOKS GILBERT, WV 25621 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Carbon monoxide intoxication MAMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR Subject inhaled fumes from charcoal grill. 1086 CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY, FARM, ETC. 1 WHILE 21 West Old Liberty Rd., Sykesville, Carroll, MD WHILE AT WORK home EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PLAFTER DEATH, WITH THE STANDE, AMENTAND, 2 Inspection X 22a I certify that I took charge of the remains described above, held on Autapsy Inquiry and in my opinion Accident X Natural couses Hamicide Undetermined monner death resulted from: Suicide TITLE (SPECIFY) M. Assistant 2-5-86 SIGNATURE 21201 Dixon, M.D. 111 Penn St., Balto., MD Ann M. 23d LOCATION 13c NAME OF CEMETERY OR CREMATORY 2/10/1986 ROSELAWN MEMORIAL GARDENS WV BURIAL PRINCETON (MERCER) 07/84 25M 24 FUNERAL DIRECTOR STRAB VSV RE **DHMH - 17** (VR A15 ME (5))



STATE OF MARYLAND 059029 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I DECEASED NAME KATHRYN BROWN TYPE OR RRINGS 3 SEX 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 91 BALTIMORE CITY OR COUNTY OF DEATH Fo BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? MARRIED | NEVER MARRIED COUNTRY Pennsylvania U.S.A. WIDOWEDFX DIVORCED T NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ITYPE OF WORK FOR MOST OF WORKING LIFE) Westminster Homemaker Westminster Nursing Home USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 136 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 295 E. Main St. Carroll Westminster NO X Maryland IS MOTHER'S MAIDEN NAME 4 FATHER'S NAME MIDDLE ANIDDLE FIRST Louise W. Winfield Frizzell Agnes 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES! 219-14-8385A No 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b) And (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? d NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY ö CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET orked NOT WHILE 220.1 certify that (1) (this hospital) desended, the deceased from saw the deceased olive on

21157 Ketterman Dennis F. Blizzard -805 Kellogg Rd. 21093 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I I o 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (and) opinion death occurred on the date and hour and from the causes stated 22b SIGNATU DEGREE 22c. DATE SIGNED ATTENDING DIRECTOR PHYSICIAN PHYSICIAN MPORTANT the St 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OR TOWN Westminster, Westminster Burial 3 - 1 - 86Carroll 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS1050 York Rd. DHMH - 16 60M 7/84 (VRA 15, 4) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

26 HOUR

12b. KIND OF BUSINESS OR

Own Home

IF UNDER 24 HRS

IF UNDER I YEAR

INDUSTRY

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	1	FOR	DEDAI	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY	CIENE (2)	0 5 0 3 7
052061	1.	STATE REGISTRAR	DUIA	CERTIFICATE OF DEATH	REG. NO.	0 3 0 0 7
noy be page 3		OR PRINT)	MILES	BURLEY	20. DATE OF DEATH MON	2 4 St 1052m
ge 4 moy ector. pog	3 SE	TALE	CAUCAS IAI	5. DATE OF BIRTH MONTH DAY 1 1914	6. AGE (IN YEARS LAST BIRTHDAY	
death. Pay	7a. 81	RTHPLACE (STATE OR FOREIGN COUNTRY) ORTH DAKOTF	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED WIDOWED DIVORCED		LL CO. MD.
to ofter of the filed with filed with	10.C	ESTMINSTER	11. NAME OF HOSPITAL, NUR CIPHOT INSUCHFACILITY, GIVE ST	SING HOME OR OTHER INSTITUTION REET ADDRESS AD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	ORKING LIFE) 126. KIND OF BUSINESS OF INDUSTRY
AND 212	130.	AL RESIDENCE (IF NURSING HOME OF THE LIBERT	ROTHER INSTITUTION, GIVE RESIDENCE BEINTY RECOLL 134, CITY OR 15	BUR BIS INSIDE CITY LIMITS?	130 STREET ADDRESS 2551 BAU	T. BLVD TIR. 60
MARYL,) C	JOSEPH MI	RURL BURL		HAGEVON	CTH- LAST
BALTIMORE,	160 \	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOCIAL SE IVE WAR OR DATES! 436-10	-8840 JANICE	EUANS ASSES	4 SHAWNEE DIC
1 922 1		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	inly one couse per line for (a), (b), ED BY: ATE CAUSE (o)	EDTICEMIA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST but the death and by the attending cemation, as the other traumatic e		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSECUTION OF AS A CONSECUTIO	0-1-1	ENIC Bladde	ior
DS, 201 agents the please of t	NO.	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PART 110
At RECORDS On. Interest by the service of the servi	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? 20 IN	B. IF YES, WERE FINDINGS USED I CERTIFYING CAUSES OF DEATH? YES \(\sum \text{NO} \)
OF VITA CLAN. TI CLAN. T		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING GAUSE OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
DIVISION OF DIVISION OF CAR A	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	216, LOCATION STREET	CITY OF TOWN	COUNTY STATE
DO ATTENDED OF TOP AT T		22a. I certify that (1) (this hasp saw the deceased alive o	n 2 15	n 19 00 , and that in (my) (our) opinion	n death occurred an the date of	, 19 that (1) (we) lost and hour and from the causes stated
AL OR A The host AL DIREC entithed are Dept.		22b. SIGNATURE	murke	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/4/84
O HOSPITA eformed by TO FUNERs should be d with the Sig		MANUEL	J. SEVIL	122. ADDRESS 611 NULS		VE STMINSTER.
D € D € \$ \$	23a,	MAL, CREMATION, REMOVA	1 236. DATE FEB 7, 1986 V	AKT VIEW NEMBERS	A SOKESINE	LE CARRUE MID
DHMH - 16 50M 4/82	74. 4	CTOR D	Means 9606	VILLIS ST PE 250 BY	ATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE

North District His Paris Committee C MESTINGS REPORTED STREET STREET MED, THE STANDARD X SHELL BELD WELL THE WHAT SURELY PERME HARDEN NO WAY YEAR TO SOLD THINK EVANS THINKE WAS THE EURINE THE WASHINGTON SHOWING THE STATE OF THE SHOWING THE STATE OF THE SHOWING THE SHOWIN THE RESTRICT WHITE THE PROPERTY OF THE PARTY OF THE PARTY

(VRA 15, 4)

8	1.	FOR STATE REGISTRAR			DEP	ARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8 6	0	5	0 3 9
//		EASED NAME	FIRST		MIDDLE	0	LAST		MONTH DA		2b. HOUR
5	0.5.		MANCOI		N .	CH	EAR V	6 AGE (IN YEARS LAST BIR	F4/86	4 86	0245M
3	SEX			RACE		MONT	OF BIRTH H DAY YEAR	O AGE TIN TEAKS EAST BIK	MC	INTHS DATS	HOURS MIN.
		MALE		WHITE			/03/96	89	YRS		
3		THPLACE (STATE OR OUNTRY)	FOREIGN 76	CITIZEN OF	WHAT COUN	ITRY? 8 MARRII	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	F DEATH	
SI	M	ARYLAND		U.S.A.		WIDOW		CARROLL			MD
A	0 CI	Y OR TOWN OF DEA	ATH 11		HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATI		126 KIND (OF BUSINESS OR
àOl	ME	STMINSTER				Y GENER	AT HOSD	RATIROAD			RAPHER
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c = 1		TATE	136 COUNTY		13c CITY OR		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			01701
	D FA	THER'S NAME	CARROL	بلب	LINION	BRIDGE	15 MOTHER'S MAIDEN NA	19 S. MATN	ST	_	21791
100)	FIRST	MIC	DIE	LAS	T	FIRST	WIDOLE		LA	ST
00		JOHN CHEN					MARY NOVA	COSKA			
1		'AS DECEASED EVER	IN U.S. ARME		166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	:55		
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	9	PART I. DEATH W	MAS CAUSED I			SER	TICEMIA			24	HOURS
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		gave rise to imi	mediate) (b)_							
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	z	PART 2 OTHER SIGI	_ 1				NOT RELATED TO THE TERM		DITION GIVEN	N IN PART 1	0.
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7	CERTIFICATION	19a DATE OF OPERA	TION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY		NGS USED S OF DEATH?
ok,	TIF							YES NO NO	YES		NO 🗌
9	CE	210. ACCIDENT WAS UN	- Cond	216 TIME C	OF INJURY	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)	14.79
/	AL	OR CONTRIBUTING			.M.	19					
1	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211 LOCATION			COUNTY	STATE
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		22a.t certify that (I)) attended t	a decented f		19 8	3 to 3	2/14 10	86	That (IL/we) last
		saw the deceas		1 Offended in			nd that in (my) (our) apinion	. 10			
		abave_(I) (we) (did) (did not i	view the body	ofter death.	, 0		The occurred on the oc	0 11001 (
		226 SIGNATURE	-1	2/	2	0	DEGREE ATTENDING	, MEDICAL STAI	F	22c. DAJE	SIGNED
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1		288 PHYSICIAN'S N.	AME TYPE OR F	RINTY			22e ADDRESS				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

BURTAI 24 FUDERALD IREHARTZLER

230 BURIAL, CREMATION, REMOVAL (SPECIFY)

FIBECO 23b DATE

02/17/86

236 LOCATION

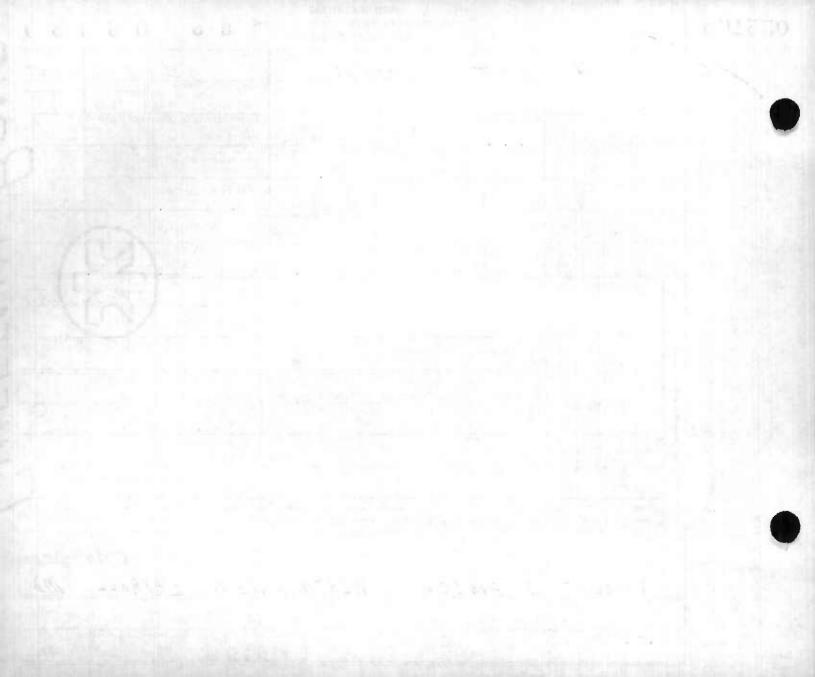
STATE

DAVIS MEMORIAL UNITED

ITTED M NORTH BRANCH ALLEGHE 25° DATE REC'D. BY REGISTRAR 25° REGISTRAR S SIGNATURE

UNION BRIDGE

ALLEGHENY MD



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	# ~ S = 1	{TYP	E OR PRINT)	* TT			CI	INTRITATE	MAU		- 5	OF ESTI- DEATH MATED	-		
	PLEASE CCTOR. FILES. HOURS STREET,	3 SEX		4 RACE	5. DATE OF BIRTH	A	& AGE INY			IF UNDER 2		2c DATE	MONTH	DAY YEAR	2d HOUR
	IS NECESSARY, PLEASE FUNERAL DIRECTOR E. S. FOR YOUR FILES. WITH N.72 HOURS.	FE	MALE	WHITE	JAN. 26,	1962	24	(RS.	HS DAYS	HOURS	MIN. P	PRONOUNCED DE AD	2-9-	86 19	5:03A
	RAL NEW YORK	7a BI	RTHPLACE (51	ATE OR	76. CITIZEN OF WE		TRY?	8 MARR	IED NEV	ER MARRIE	DXX	BALTIMORE CIT	Y OR COUN	TY OF DEATH	
	S CNE		GERMAN	-	U.S.			WIDOW	/ED 🗆	DIVORCE	D 0	Carroll C			MD
	PAGE PAGE	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOS		RSING HOM TREET ADDRESS)	NE, OR OTH	IER INSTITUT	ION	FOR M	AL OCCUPATION OST OF WORKING LIFE)	TYPE OF WORK	126. KIND OF B OR INDUS	
	N ト フ ー ー		estmins		Carroll OR OTHER INSTITUTION, GR		ty Hos		1		S	TUDENT	1	NONE	
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1	Gen			IMMEDIA	TE CAUSE (o) C DUE TO, OR				intoxic	catio	n				
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*	WIN WIN	7		e to immediate stating the <u>under</u>		AS A CON	SEQUENCE	OF					10000		Tree 1
. 20	SEAL STATE				(c)								110		
DIVISION OF VITAL RECORDS, 201 W.	HOULD BE EXECUTED WITH ROW "PENDING" IN PENCIL HIEF MEDICAL EXAMINE FOR USED AS A BURIAL - IRA SOF HEALTH AND MENTAL HYGRIAL, CREMATION, OR REMOV	NO	PART 2 OTHER SI	GNIFICANT CONDITIONS	NS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).									1	
IL RE	AL HEAD	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	196 CONDIT	ION FOR	WHICH OPE	RATION W	AS PERFORM	AED?			111	20 AUTOPS	Y?
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0	CERTIFICATE SH SITING THE WOR DED TO THE CI E 3 SHOULD BE I E DEPARTMENT OI PRIOR TO BUY	LCE	UNDERLYING	L CAUSE WAS	21b. TIME OF HOUR A.M P.M	. MONTH	DAY YEA	R				ATURE OF INJURY IN ITEM			
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DIVI	RETITION OF SOLD PROPERTY OF SOLD PROPER	AE	WHILE AT WORK	NOT WHILE	X STREET, FACT	ORY, FARM, E	TC.)		ugher 1	_		CITY OR TOWN		.,Maryla	STATE
	MER: THIS CERTIFICATE SI- CATE, WRITING THE WOS FORWARDED TO THE CI OR: PAGE 3 SHOULD BE THE STATE DEPARTMENT AND, 21201 PRIOR TO BO				ge of the remains des			Autop		Inspection					and
	A THE PARTY AND	s.a	death result		ral couses ,	Accident		uicide X				Inquiry	ond in my o	pinion	
	ERTI ERTI PILD B DIRE WITH			Nou	-	111	11		TITLE (SP	ECIFY)				- 0	0.6
	SHOUND WE'N		SIGNATURE.	mary	se the	148	116	M	.D Assi	stant	MEDH	CAL EXAMINER	DATE		86
	TO MEDICAL EXAMINER: THIS CER EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE PORWARDED TO FUNERAL DIRECTOR: PAGE 33 AFTER DEATH, WITH THE STATE DE BATTORE, MARYLAND, 21201 PL	Y	EXAMINER'S (TYPE OR PRII	NAME Mai	rgarita A.	Kore	ell,M.	D.	ADDRESS	111	l Per	nStreet			
	58 4 5 4 4 —	23o. B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. h	NAME OF CE	METERY C	R CREMATO	RY	23d LO	CATION	COU	YINI	STATE
07/B4 25M	BP	- 11	BU UNERAL DIREC	RIAL	2/12/86	ST	. ANTI	HONY	SHRI		EMM	ITSBURG	FREDE).
2.5711	DHMH - 17		NAME W/26	un URS	ADDRESS		E. MA		1.	TCO 4	D 4 4	200	EGISTRAR'S	70 1.00	40
	(VR A15 ME (5))	KU	BERT E.	DAILEY	& SON	THURM	ONT, N	1D. 2	1788	LEB A	41	300 Asha	, Waydon		2

- STATE

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

17h KIND OF BUSINESS OR

LAST

BETWEEN CHAFT AND DEA

INDUSTRY

COUNTY

ldersburg Carrol 258 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

22c. DATE SIGNER

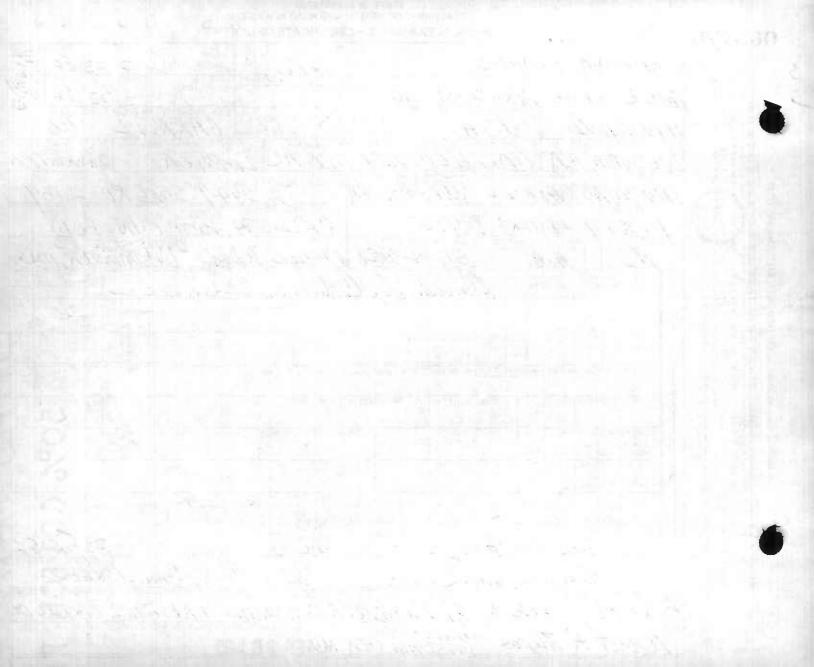
STATE

1-61680 1818 2 15th IN Liver or party war AND THE PART OF TH

	1	FOR STATE REGISTRAR		STATE OF MARYLAND LENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 6	05042						
1	DEC (TYPE	EASED NAME JOHN IRST DR PRINT) JOHN	Marine L, I	DOHERTY		B 9 86 425						
7 3	SEX		CAUCASIAN	5. DATE OF BIRTH MONTH 08 - 1900	6 AGE IN YEARS LAST BIRTI	HDAY] IF UNDER 1 YEAR IF UNDER 24 HRS. WONTHS DAYS HOURS MIN. YRS.						
	C	OUNTRY) SSACHUSETTS	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	CARROL	COUNTY OF DEATH						
20	5	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (TE NOT IN SUCH EACHLITY, GIVE STREET A CARROLL/COU	NTY GENERAL	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF							
1	14	D CEC	OTHER INSTITUTION SIVE BESIDENCE BEFORE 136 CITY OR TOWN LORA	YES NO 12	3, STREET ADDRESS / 2625 TO N							
78		JOHN L.	DOHERTY LAST	DELTA		SEYMOUR LAST						
2		AS DECEASED EVER IN U.S. ARI	AED FORCES? 146 SOCIAL SECUE WAR OR DATES) 287-03-	Charles E. I	Halloran	21 Queen Mary Dr.						
	NOI	Conditions, if any, which gove rise to immediate cause lost DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause lost stating the underlying cause lost DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
2	CERTIFICATION	90 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO						
		210 ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		Y YEAR 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE, FA	211. LOCATION STREET	CITY OR TOW	N COUNTY STATE						
	A. P.	220 certify that () (this haspital) attended the deceased from December 19 00, to Reprint 19 00, that () (we) last saw the deceased alive on 2 19 00, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, () (we) (did) (did not) view the body after death. 226 DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN D										
1 2	23a B	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	123d LOCATION	c. Sykesville, m						
	(:	CREMATION	10 100	ALTIMORE WASH, CRE	MATORY LAURI							
14		PANCIS H. BARB	ER LAYTONSVILLI	E, MD. 20879	B 1 3 1986	Store Strates Signature Strike Davidson-Pondesse						

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	1.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 4 3
065176		REGISTRAR CEASED NAME FIRST	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	9 , 4
HET SEE	(TYI	WILLIAM FR	ANCIS DEATH MATED 2	23 1986 / JM
ARY, PLEAS L DIRECTO YOUR FILE ON STREE	SE SE	ALE WHITE	AFRIL 26, F14 44 VRS. MONTHS DATE INDUST MINE PRONOUNCED DEAD Z	23 186 1134
PACES STATE OF THE	M	ARYUMA	b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED P. BALTIMORE CITY OR COUNTRY WIDOWED DIVORCED PROPERTY OF COUNTRY	. Co. MD.
PAGE PAGE	4	LESTMINSTET	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK FOR MOST DEWORKING LIFE) AND LIFE OF WORK FOR MOST DEWORKING LIFE AND	OR INDUSTRY CONSTRUCT/ON
10011 10011	h	ARYLAND OPEN	RILL UESTMINSTEM YES NO A 244 9 STINE K	0. 21157
DA HANNE	1	ATHER'S NAME HEARY EDV	MODIE DOYLE CALLISTA KATH RYN	BoyD
BATTIMORE URS AFTER DE IN GINE PAGE PAGES	160.5	NAS DECEASED EVER IN U.S. ARME (IF YES, GIVE W)	16.38-3428 PH44115 D. Dong The Similar	WERD, MD.
N ST. B.		PARTIDEATH WAS CAUSED E	one cause per la fa (a), (b), and (c).) 3Y: CAUSE (a) CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
MHESTON THE ALC NASH PROVAL		Conditions, if any, which	DUE TO, OR AS A CONSEQUENCE OF (b)	
301 W. UTED W IN PENG EXAMI BIAL TRA		cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
DRDS, EDICAL TH AN ATION	Z	PART 2 OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I (a).	
SHOULD B SHOULD B CHEF MA BE USED A FIT OF HEAL	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
BU BU		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR ATH P.M. 19	
DIVISION SECRETFIC VRITING TH ARDED TO GE 3 SHOLI TE DEPART	MEDICAL	21 d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (ATHOME, 21f. LOCATION	DUNTY STATE
NER. THE CATE, V FORW FOR PA	1	22s. I certify that I took charge a	of the remains described above, held an Autapsy , Inspection . Inquiry , and in my o	pinian
EXAMI CERTIP DUID SE DIRECT		ACTUAL /	Accident , Suicide , Hamicide Undetermined manner , TITLE SPECIFY DATE	25/186
MEDICAL CUTE THE FE 4 SHO FUNERAL PRINCE A	Y	EXAMINER'S NAME CONT	M.D. Delig Medical Examiner Sign	X65P
8b 67574 6747 6747 6747 6747 6747 6747 674	230.8	URIAL, CREMATION, REMOVAL 236		CACRELL DO.



Charles W. Burrier, Jr., Sykesville, Md.FE

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖂

CERTIFICATE OF DEATH

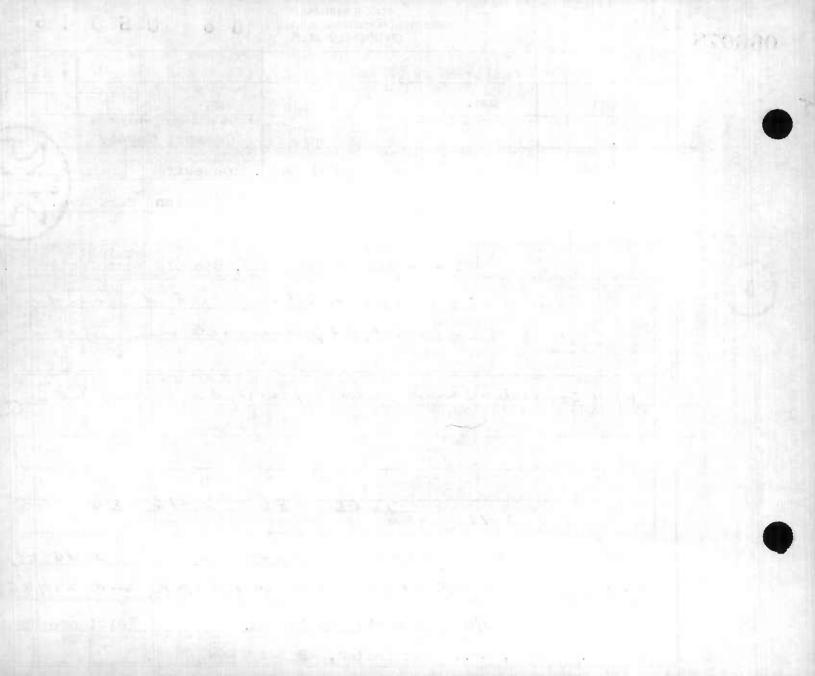
REG. NO

250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

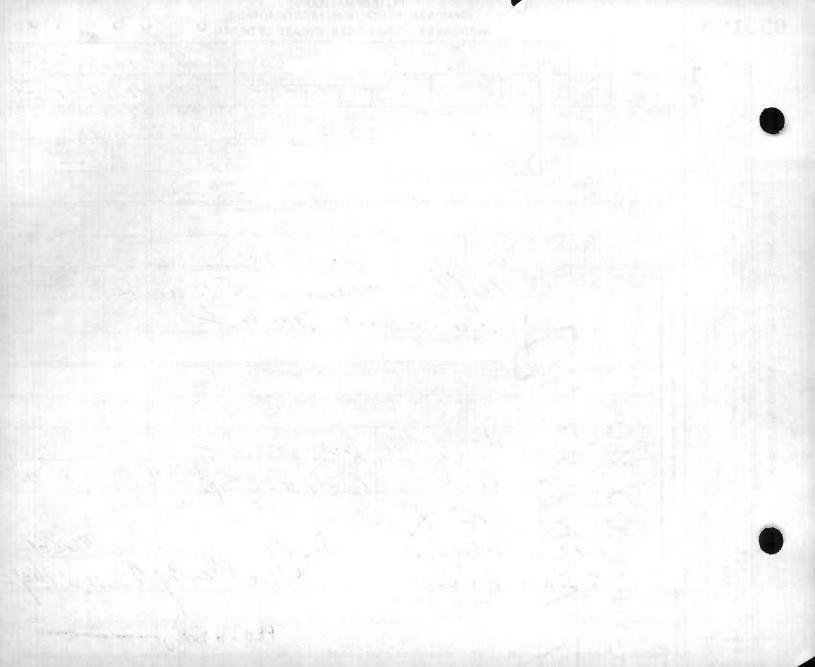
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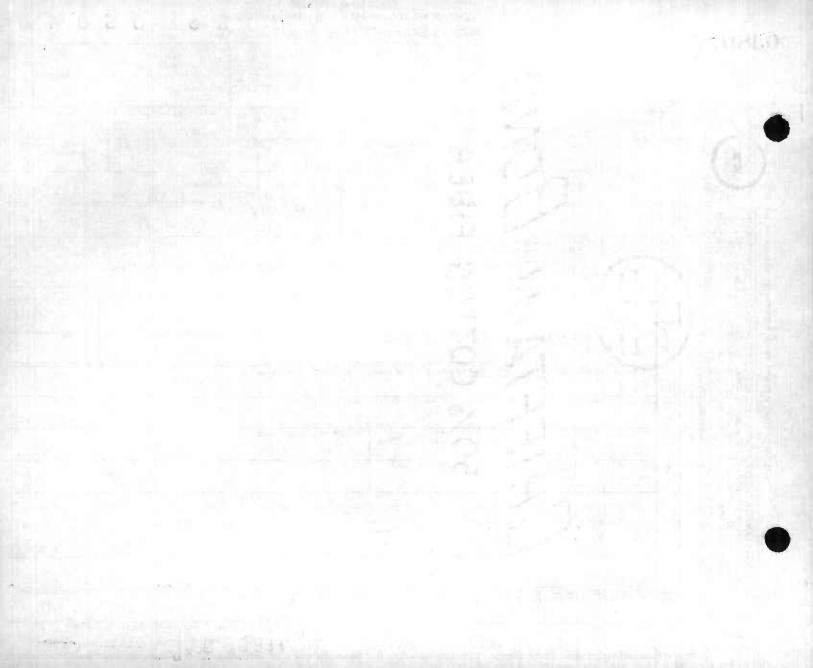
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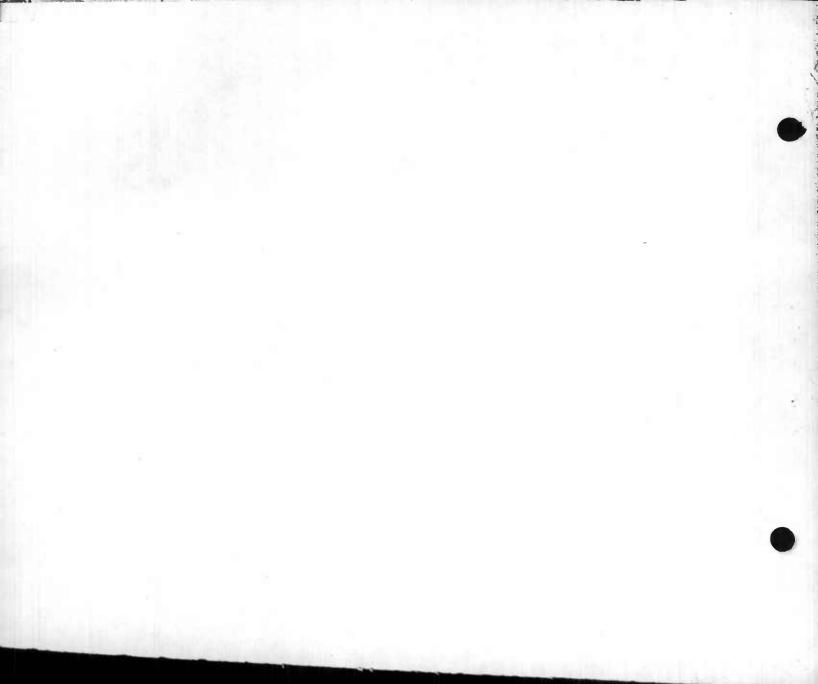
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198		REGISTRAR		ME	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.									30 40				
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V	1 55		4. RACE	S. DATE OF BIRTH	YEAR	6. AGE (IN YEAR		R T YR.	IF UNDER 2		DATE		MONTH	DAY	YEAR 2d	H Bull		
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ĺ	PE B	RTHPLACE (1)	TATE OF	76. CITIZEN OF W	HAT COUN	TRY?	8 MARRIED	□ NEV	VER MARRIE	р П 9.	BALTIMO	RE CITY O	TITY OR COUNTY OF DEATH					
I	M	IARYLAN		U.S.A.	U.S.A. WIDOWED DIVORCED Carroll C									nty		MD		
	10. C	TY OF TOWN	OF DEATH	IT. NAME OF HOS	AME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)													
	1.3	SYKESV	-	RT. 26 8	& Bush	ney Rd.					MAKEF				-			
1		AL RESIDENCE TATE	(IF IN NURSING HOME O		INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS													
213 STORY AND STORY AND ST			-			LIMORE		YES X			DESOT		AD 2	21229				
1	14. Fr	ATHER'S NAME		MIDDLE		LAST	15	. MOTHE	R'S MAIDEN		MIDD			LAST				
1		ROBER				GOETTE	100		AISY						CHNE	LL		
TIMOS VE PAGE SIGN OF SIGN		VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AR		16b. SOC	CIAL SECURITY	NO. 17	. INFORM	MANT			ADDRESS						
L		N	0	-	1212-	-01-809	1 / 1	RONAI	LD A.	EVANS	306	Roand	oke D	rive	212	228		
1			F DEATH (Enter on		for for July	and (c)	1		/	_	-	-		APPRO	ONSET AN	ERVAL D DEATH		
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STOR			ns, if any, which	DUE TO, OH	A COA	SEQUENCE 9	9./	VI	1	1-	15							
		gave ri	se ta immediate	The	ue -	40 X	ure	N	ecic	Now	7			-				
		lying cau) stating the <u>under</u> use last.	DOE TO, OR	AS A CON	SEQUENCE OF	F											
GUISION OF VITAL RECORDS, 301 CERT IC ATE SHOUD BE ERECUTE BYED TO THE CHEEK MEDICAL EX PRED AS A BURBA E DEPARTMENT OF HEALTH AND M PRICY TO BURBAL CHEMATION OF			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART T (a).															
ı	z																	
1	ATIC	15s DATE OF	OPERATION	T9b. CONDI	ONDITION FOR WHICH OPERATION WAS PERFORMED?									20 AUTOPSY?				
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1		death result	/	ral causes 1	Acident	N		Hamici			nined mann		u in my ap	иноп				
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1	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	23c. h	NAME OF CEMI	ETERY OR C	REMATO	ORY	23d. LOCA	NOIT	1	COUN	VTY	State	/		
		BUR		2/20/86	L	oudon Pa	ark Ce			Balt	imore			Mar	ylan	nd		
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	LHu	bbard 1	Funeral F	fome, Inc.	410	7 Wilke	ns Ave	e.			00	0			1111	1		



	8			-22a 3/21		F#613		E OF MARY						
			FOR STATE						MENTALH	YGIENE		0 5	0 4	1
00	8077		REGISTRAR		ME	DICAL	EXAMINE	R'S CERT	IFICATE O	FDEATH	REG. NO).	A STATE OF THE STA	1211
- 10	n		CEASED NAME	FIRST		MIDDLE		LAST		2a DATE	KNOWNXX	MONTH	DAY YEAR	76 HOUR
	CESSARY, PLEASE FRAL DIRECTOR. OR YOUR FILES. IITHIN 72 HOURS. PRESTON STREET,	Time	CORPRINT)	Maxine				Finch			ESTI-	2-3	1986	
	A C H S H	3. SEX		4 RACE	S. DATE OF BIRTH		6. AGE (IN YEAR	IF UNDER 1				MONTH	DAY YEAR	2d HOUR
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8	AND WATTON	N.			(c)									
DIVISION OF VITAL RECORDS	AND WATER		PART 2 DIHER SI	INTERCENT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERMIN	AL DISEASE OR CON	OITION GIVEN IN PAR	T 1 (a)				18
8	HOULD BE BOOM "PENDIN CHIEF MEDIC USED AS A COF HEALTH	N N	5340											
2	58.49.	3	19a DATE OF	OPERATION	19b. COND	TION FOR	WHICH OPERA	TION WAS PER	FORMED?				20 AUTOPSY	?
II.	58 E S P P P P P P P P P P P P P P P P P P	Ĕ											YES XX	NO 🗆
7	CERTIFICATE SHOULD TITING THE WORD "PR DED TO THE CHIEF E 3 SHOULD BE USED E DEPARTMENT OF HE DRICK TO BURINAL	CERTIFICATION		L CAUSE WAS	21b. TIME O		DAY WELD	21c. HOW IN.	JURY OCCURRE	ENTER NATURE OF	NJURY IN ITEM 18 P	ART 1 OR PART		
N	ARTICA OUT AND		UNDERLYING	OR CAUSE OF I			DAY YEAR							
ISIC	CERTIING TING DED TO 3 SH DEPA 1 PRIC	MEDICAL	214 INTURY C	CCURRED	21e PLACE	OF INJURY	(AT HOME,	211 LOCATIO	N	J-13-0				
2	ARITINA ARDED ARE 3 SI GE 3 SI TE DEP	Z	WHILE	NOT WHILE C	STREET, FAC	CTORY, FARM, E	TC.)	STREET		CITY OR T	OWN	COUNT	TY	STATE
	HY A A A I					TO B			1					
	EXAMINER: CERTIFICATE OULD BE FOR DIRECTOR: I, WITH THE S MARYLAND,		22a I certif		e of the remains the	stylled obo	ve, held an	Autopsy XX	. Inspection	Inquir	y LJ, and	d in my opin	ion	
	ERAMIN JERTIFIC JID BE DIRECT WITH I		death resulte	d from Natur	al couses XX	Accident	Suic	ide 🔲 , H	lomicide .	Undetermined i	monner			
	EXAMIN CERTIFIC ULD BE DIRECT WARYLA		ACTUAL	X Com	JUNA A		7/201/		LE (SPECIFY)			DATE	2 2	00
	KESZE W		SIGNATURE	cent	un N	my	Marri	1) M.D. AS	sistant	MEDICAL EXA	MINER	DATE SIGNED.	2-3-	86
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	BATEGA	23a.B	URIAL, CREMAT	ION, REMOVAL 2	3b. DATE	23c. 1	NAME OF CEM	TERY OR CREA	MATORY	23d. LOCATION		COUNTY	5	TATE
07/84	BP 4 1		BURI		2-7-86	Sı	oringf	ield Ce	emeter	Sykes	ville	Carr	011	MD
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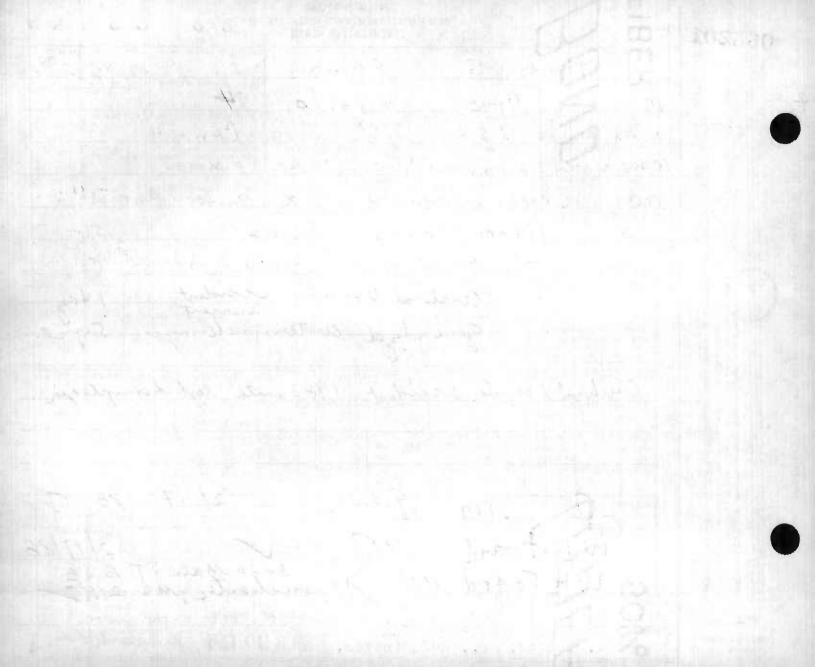
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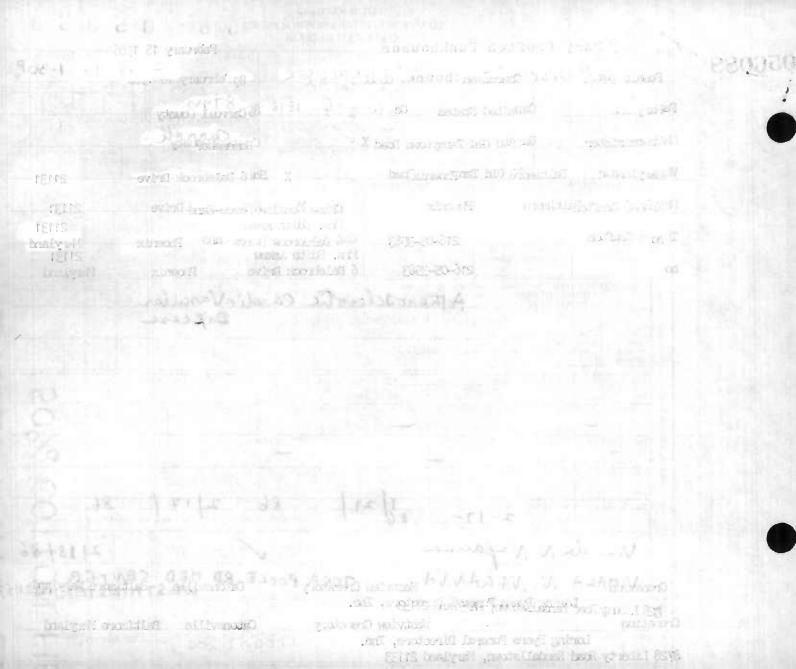
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	ector. po	3. SE		1 RACE		DATE OF BIRTH	YEAR 6. A	GE (IN YEARS LAST BIR	The second second	UNDER I YEAR	IF UNDER 24 HRS
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, die	by the fu	10.0	MAnchester		SPITAL, NURSING	HOME OR OTHER INSTITUTES HO		USUAL OCCUPATION OF OF WORK FOR MOST	F WORKING LIFE)	12b. KIND OF INDUSTRY	BUSINESS OR
24 hou	filled in hould be	USU 13a.	STATE 136 C		CITY OR TOWN	134. INSIDE CITY	Y LIMITS? 13e	STREET ADDRESS	11 - 1	Rd.	157
3	and 2 st	14 F	ATHER'S NAME FIRST	mill Ard	Fran	is mother's a	MAIDEN NAME RSI beccis	MIDDLE		JT1	reet
	rong co		WAS DECEASED EVER IN U.S (YES, NO OR UNKNOWN) (IF YE	S. GIVE WAR OR DATES)	66 SOCIAL SECURI 108-32-0	TYNO. 17 INFORMAN	Leppi	Bindle	lew let	2/15 7 . Wes	f.md.
(emoval.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per lin AUSED BY: DIATE CAUSE (o)	e for (a), (b), and I	I Vas and	or a	cident		APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
	e offering move com notion, ar r froumatic	ATION	Conditions, if ony, whice gave rise to immediate	h (b)_C	AS A CONSEQUEN	CE OF	tens	reless	-	54	To.
4	ned by th pleose re uriol, crer		couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICA	t. (c)	S A CONSEQUEN	0	O THE TERMINA	L DISEASE OR CON	DITION GIVEN	IN PART 1/0	
	been sign mit. Then prior to bi ony injury		190 DATE OF OPERATION	Vas cular	acci	PERATION WAS PERFORM	+3 mi	200 AUTOPSYD	20b. IF YES, W	VERE FINDING	
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ALC: ON A	nding ph his certifi buriol-tr d Mental	MEDICAL	OR CONTRIBUTING CAUSE C (IF EITHER NOTIFY MEDICAL EXA 21d INJURY OCCURRED	MINER) P.M. 21e PLACE OF		19 21f LOCATION	V	CITY OR TO	wn	COUNTY	STATE
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ATTEN	birector bired for Dept of H		saw the deceased live above. (I) Iwe (did) (d	e an Jid not) view the body of	ter death.	DEGREE				22c DATES	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

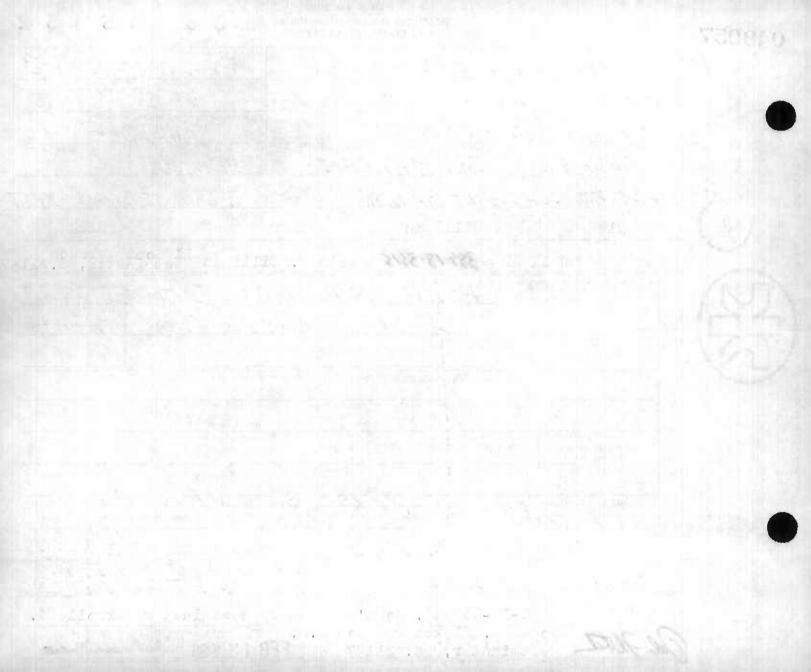


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ě	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHOAY) IF UNDER 1 YEAR IF UNDER 24 HR
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النبية	FREDERICK CO	us	WIDOWED DIVORCED	CARROLL CO.
\$ C. X	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUF	ISING HOME OR OTHER INSTITUTION	12th USUAL OCCUPATION 12th KIND OF BUSINESS C
70	MANCHESTER	LONG VIEW		HOUSE WIFE -
o o	USUAL RESIDENCE (IF NURSING HOME 130. STATE 1136. CO	OR OTHER INSTITUTION, GIVE RESIDENCE BE		13e.STREET ADDRESS / ZIP CODE
35		LROLL NEW W		Lambert Ave. 21776
7	14 FATHER'S NAME		15 MOTHER'S MAIDEN NA	AME .
060	HARRY	MIDDLE LAST	TZ CARRIE	ALFY ANDFR
100	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL S		ADDRESS UNIONVILLE
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Tem			DAY YEAR	
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30	220.1 certify that (1) this ho	spital) attended the deceased fro	m 6/20 1978	
21 13	saw the deceased live	an1 not) view the body ofter death.	ond that in (my) (our) opinion	death occurred on the date and hour and from the causes stated
e a	226. SIGNATURE	1	DEGREE	22c. DATE SIGNED
17.16	(1).14	to mand.	AMM ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN D 3/5/6/
MPORTANT: IF	224 PHYSICIAN'S NAME ATT	FOAT OMY	27e ADDRESS 32	23 Man St Box E
with the	23e BURIAL, CREMATION, REMOV		3c. NAME OF CEMETERY OR CREMATORY	23d LOCATION
200	Burial	2-18-1986	Linganore	Unionville, Frederick, Mc
M 4/83	24 FUNERAL DIRECTOR			TE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
5, 4)	Charles W.Bur	rier, Jr., Syk	esville, Md. HEB	2 4 1980) Ficha Veriday Randelle "

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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of M	N.	OR CONTRIBUTING C			M. MONT	H DAY YEAR						
1	WEDIG	214 INJURY OCCUR		21e. PLACE		OFFICE FARM, ETC.)	211 LOCATION		CITY OR TO	OWN	COUNTY	STATE
9 4	2	AT WORK AT WO	ILE	TAT HOME, SIT	REI, FACTORI,	OFFICE FARM, ETC.)				77.		2459
H000		220 I certify that (I)				from	, 19		_, to		9	that (I) (we) lost
3.5	100	saw the decease above, (1) (we) (c	d alive and	1) view the body	after death.	_19, ar	id that in (my) (our)	opinion de	eath accurred on the c	late and hour	and from the	couses stated
Dep 1		22b. SIGNATULE	X	Rof.	1207		DEGREE	DINIC	MEDICAL STA		22c. DATE	SIGNED
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17	8. SEX	MALE	WHITE	S. DATE C	01/28 YEAR	6. AGE (IN YEARS LAST BING)		UNDER I YEAR	HOURS MIN.		
35		RTHPLACE (STATE OR FOREIGN ARYLAND	Th CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIN	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OF CARROLL	MD				
20		NWOOD	11. NAME OF HOSPITAL, NURSIN 220 PEPE CREEKIRER		DR OTHER INSTITUTION	120 USUAL OCCUPATION ARMERICA COR MOST OF		BEETSTR&	GRAIN		
39	Da S	AL RESIDENCE (18 NURSING HOME OF STATE CARRO	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE LL ITHOOD OW		NO INSIDE CITY LIMITS?	220TRFIPERERI	EEKCRD	•	21764		
	14 FA	JOSPEH L. HAINE	SIDDLE SR. LAST		EVA JOHN	WE		LAS	51		
median/		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) NONE	RMED FORCES? 166 SOCIAL SECU VE WAR OR DATES) 217–36–47		DNA B. HAINE	S 220		CREEK	RD.		
y injury, or other troumons even.	NOIL	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO I	ENCE OF			DITION GIVE	D			
2	CERTIFICATION	June 1984	LAMINE CHON		Mycloma	YES NO		ING CAUSES	S OF DEATH?		
APORIANI: If them 21 is marked or them 18 sh	MEDICAL CER	22b. SJOTA LURE	P.M. 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	21t. HOW INJURY OCCUR 211 LOCATION STREET 10 LOCATION STREET 10 PHYSICIAN 122e ADDRESS 10 PHYSICIAN 122e ADDRESS 10 PHYSICIAN 123e ADDRESS 10 PHYSICIAN 123e ADDRESS 10 PHYSICIAN 123e ADDRESS 10 PHYSICIAN 123e ADDRESS	SO10 ACU	te and hour	COUNTY 9 ond from the	that (I) (we) lost a couses stated		
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25a DATE REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

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, don	3. SE	X	4 RACE		5. DATE O	FBIRTH	6 AGE IN YEARS LAST BE	RTHDAY) IF	UNDER 1 YEAR	IF UNDER 24 HRS
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2 49 74	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	# -	A BALTIMORE CITY		FDEATH	
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9 14 1	in c	ITY OR TOWN OF DEATH			WIDOWE	D DIVORCED TO ROTHER INSTITUTION	120 USUAL OCCUPAT			MD. F BUSINESS OR
rs office	1	Vestminster	Carr	OII COUR	ty (Gen. Hosp.	Type of work for most Homemak	of working life)	INDUSTRY	B03114E35 OK
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 PHESCIAN The requires that the death certificate be executed within 24 hours the britishing of the constant physician and completely filled in the britishing of the please remove corbon papers. Pages 1 and 2 should be and when different the britishing or removal.	3a :	AL RESIDENCE IN NURSING HOME OF STATE 136 COUN Md. Car	roll	134 CITY OR TOWN Hampsto	V 1	13d INSIDE CITY LIMITS?	130 STREET ADDRESS	/ ZIP CODE Nain	St.2	1074
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54 541	73n F	BURIAL CREMATION, REMOVAL				METERY OR CREMATORY	23d LOCATION			
90		SPECIFY)		0.00			CITY OR TOWN	d C-	OUNTY	STATE
Br	74 FI	Cremation UNERAL DIRECTOR	02-28		rrol	1 Crematio	n Hampst	lange Cierc	rroll	Nd.
DHMH - 16 60M 7/84		NAME		4 S. ADD Mai		•	10 4 A 100G	LIB NOUSINA	MODEL A	andell
(VRA 15, 4)	L	ine Funeral	Home H	ampstead	Md.	2107/LM	AR 1 0 1986	V.		

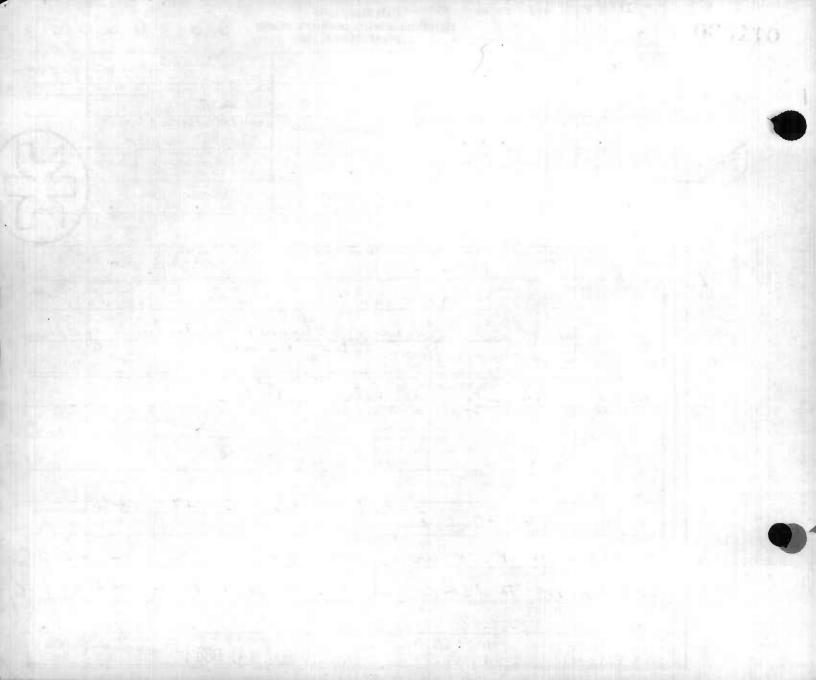
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO.

Item #6 G 613 3/21/86 cw

FOR STATE REGISTRAR



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STATE OF MARYLAND

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126. KIND OF BUSINESS OR SWITCHBOARD

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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- STATE REGISTRAR		DELL	CERTIFICATE OF DEATH	TORKE 3	REG. NO.	U	, 0	2	
DECEASED NAME	LAURA	/ MARGARET.	HEINERINE	20. DATE OF	02/ 05 /			26 HOUR	M
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s ofter o	3 SE)	FEMALE	A RACE WHETE	5 DATE	OF BIRTH 14/03 YEAR	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS	IF UNDER 24 F
Perol dir.		RTHPLACE (STATE OR FOREIGN ARYLAND	76. CITIZEN OF WHAT COU U.S.A.	JNTRY? B MARR	NEVER MARRIED	9 BALTIMORE CITY O		ATH	
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135	ID. S	AL RESIDENCE (IF NURSING HOME OF		CE BEFORE ADMISSION	NO INSIDE CITY LIMITS?	1226 PLEASA	NT CONTLLEY	r RD2	21776
1	4 FA	MARSHALL LAMBER	MODIE L	AST	15. MOTHER'S MAIDEN N LAUR'AT SMI			LAST	458
11		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) NONE		9-8541	JO ANNE MANO	SER 21	1 CHURCH	ST.	
physic in npopermovol		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D RV.	, (b), and ic	anut		81	APPROXIMETWEEN OF	MATE INTERVAL
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s the burners and Medar t	MEDICAL	71d INJURY OCCURRED WHILE NOT WHILE SAT WORK	710. PLACE OF INJURY (AT HOME STREET FACTORY,	OFFICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	VN COU	UNTY	STATE
TOR: Af for use o of Healtl		22a I certify that (I) this hospi sow the deceased alive an	tol) attended the deceased	110111	and that in (my your) opinion	, to 75/3	te and hour and fr	om the c	not () (we)
AL DIREC detoched ote Dept IT. If frem		22b. SIGNATURE	Colon The		DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	IAN . 5	DATES	LSC
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P ≈ 2 3 3 1	23o B	BURIAL CREMATION, REMOVAL	02/07/86		CEMETERY OR CREMATORY T VALLEY CEME		T VALLEY	CARI	ROLLSTAN

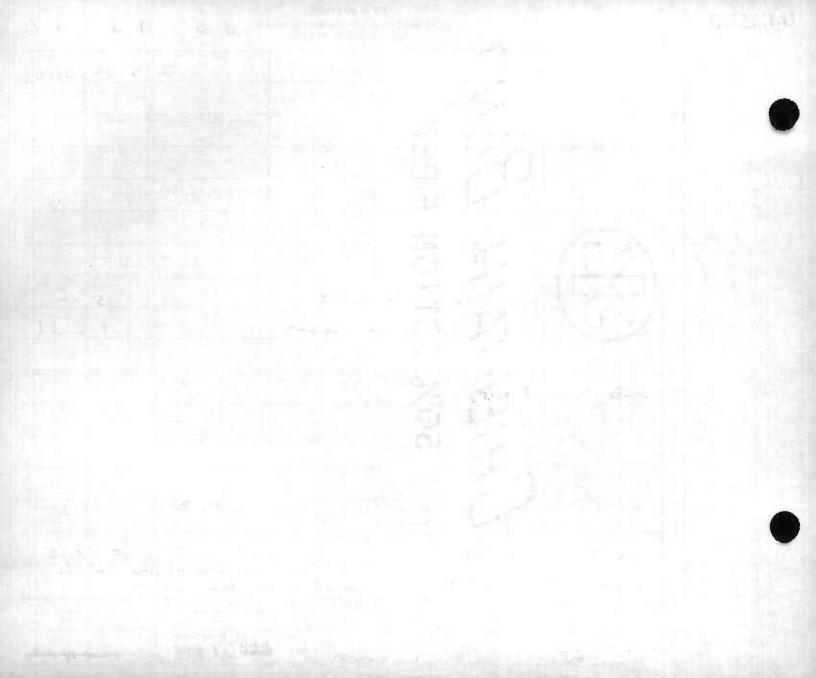
DIVISION OF VITAL RECORDS,

FUNERAL DIRECTOR
D. HARCZLER DHMH - 16 60M 7/B4 (VRA 15, 4)

ONEW WINDSOR

LLEY CARROLL MD

750 DATE REC.D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE - energen Man



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 064028 CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2n DATE OF DEATH MONTH (TYPE OR PRINT) NORMAN FEB. 26, HIGH 1986 JOHN 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IE UNDER I YEAR I LINDED 24 MBS 3. SEX MONTH 1898 MALE WHITE DEC. BIRTHPLACE ESTATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTO. MD. USA DIVORCED | CARROLL CO WIDOWED IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH EACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY CARROLL CO. GEN. RETIRED CONTRACTOR WESTMINSTER HOSPT. USUAL RESIDENCE (IF NURSING FOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 130. COUNTY 1312. CITY OR TOWN 130 STREET ADDRESS / ZIP CODE 210 E. CHATSW 134 INSIDE CITY LIMITS? REISTERSTO CHATSWORTH AVE21136 BALTO. MD. M FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FRANK MAUD HIGH LOUIS ADDRESS ME WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT MRS. EVA L. HIGH REISTERSTOWN, MD. 214-03-3803 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Ventricular Fibrillation, cardiar arrest DUE TO, OR AS A CONSEQUENCE OF ASH Conditions, if ony, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VITAL RECORDS, CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [YES [716 TIME OF INJURY 71n ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 21d IN JURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (the hospital)-attended the deceased from 19 56 and that in (my) (aut) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on. 22b. SIGNA DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN M.D. 249 Main St., Reisterstown, Md. 21136 77d PHYSICIAN'S NAME Craig Haber, 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE COUNTY 27/86 HAMPSTEAD CREMATION CREMATION FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 REISTERSTOWN, MD. ELINE FUNERAL HOME (VRA 15, 4)

THE STATE OF THE S DARKOLD DR. HOTSANTHED CONTINCTON GLOSSEVA HERRICEENS . E CO. MILES DE LOS DELOS DE LOS DELOS DE LOS DELOS DE LOS DELOS DE LOS N. O'CHARLETERE HER . I AV . IN I THE AUTHORITE

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(VRA 15, 4)

STATE OF MARYLAND

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	1			STATE OF MARYLAND		
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052048		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m s		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 26 HOUR
poge ;		Barbara	Virginia	Hunter	2-0	1-86 1901 M
r. pe	3. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS.
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1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR
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with with d2 s	14. F.	ATHER'S NAME	MIDDLE LAST	U 15 MOTHER'S MAIDEN NA	ANDOLE	IASI
M. Det of	-	Samuel	C. Poole			Becraft
MORE pond o Poges			RMED FORCES? 166 SOCIAL SEC	-	ADDRESS	a #13
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8 1111	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED
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ON THE PARTY OF TH	*	AT WORK NOT WHILE AT WORK				
Man A			ital) attended the deceased from		, ta 2 - 4 1	9_Sb_, that (I) (we) last
ATTE STORY OF THE			view the body after death.		death accurred on the dote and hour	and from the causes stated
A Post of the Control		226 SIGNATURE	1 120-	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
五年 五年 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Jamesch	our Nayon	PHYSICIAN L	OIRECTOR PHYSICIAN	12-4-86
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Of 54 48	_	CHITICACAC				21157
00	73a	BURIAL, CREMATION, REMOVAL	236. DATE 236 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24 E	Burial UNERAL DIRECTOR	2-7-1900	Mt. Olive	Nr. Taylorsvi	lle, Car., Md
DHMH - 16 50M 1/B1 (VRA 15, 4)			rier,Jr.,Sýkë		REC D. BT REGISTRARIZSB. REGISTR	AK 5 SIGNATURE
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STATE OF MARYLAND

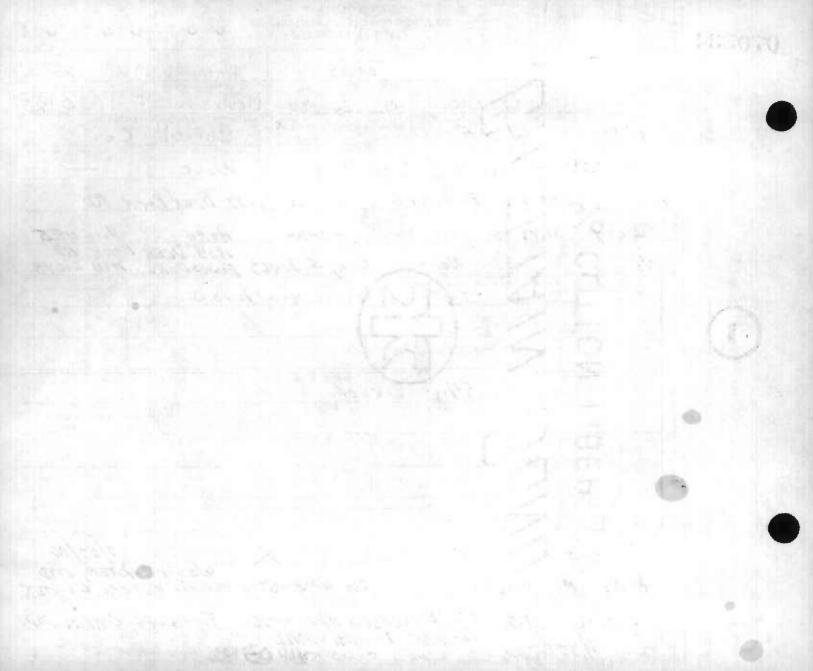
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6 6	0	5	0	6	
REG. N	O				

1	1-	FOR STATE REGISTRAR				ALTH AND MENTAL HYGI CATE OF DEATH	ENE S 6	0 5	061
		CEASED NAME FIRST		DIE	LA	51	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
		JOSHU,		GRON	00	NES	Feb.	26.1986	223 Cm
	3 SEX	^ ^	4 RACE		. D. OE OI	DAY YEAR	6 AGE (IN YEARS LAST BE	MONTHS DAYS	HOURS MIN.
1/4	1	Iviale	cauca		02	. 26 86	Newborr		0 25
32		RTHPLACE I STATE OR FOREIGN	1. S.	4	MARRIED VIDOWEE		Carr	OR COUNTY OF DEATH	MD.
K	YA	lest-minster		SPITAL, NURSING		OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFE) INDUSTRY	OF BUSINESS OR
35	the S	nD. Con		VE RESIDENCE BEFORE AD BLUTTY OR TOWN FWHSBUK	- 1	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS 1523 DEE	ZIP CODE	898
d) FA	RICKY 57	MIDDLE ERLING	Jones	ç	IS MOTHER'S MAIDEN NAM	HOPE	- Hui	SHES
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	SOCIAL SECURIT	Y NO.	17 INFORMANT	1523 ADDR	DEER PARK	RD.
-		No		NONE		RICKY S. JONE	5 FINKS	BURG, MD	21048
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNATION 190 DATE OF OPERATION	DUE TO, OR A	THESE	CE OF	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	206. IF YES, WERE FIND	INGS USED
	RTIFIC						YES NO	IN CERTIFYING CAUSE YES	S OF DEATH?
1	MEDICAL CE	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DA. [IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WMILE NOTIWHILE AT WORK AT WORK	P.M.	MONTH DAY	19	211. LOCATION STREET	ED (ENTER NATURE OF INJU		STATE
		220.1 certify that (I) (this haspi sow the deceased alive an above, (I) (we) (did) (did pe			, one	that in (my) (our) opinion d	, to on the d		, that (I) (we) last e couses stated
		276 SIGNATURE	me	Lum.		EGREE ATTENDING PHYSICIAN	MEDICAL STA	FF 7/2	7/86
		KARL M.	GREE	v		200 WASHING	TON HEIGH	STM NOTEN	CENTER
4	1	URIAL, CREMATION, REMOVAL	23b. DATE	1/86 EVEN ECKHAROT ECKHAROT	GRE Fu	METERY OR CREMATORY EN MEM. GAR ESPERENTE CANADA	23d LOCATION CITY OR TOWN DENS FINA	SBURG CAR	Par MP.

DHMH = 16 60M 7/B4 (VRA 15, 4)

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(VRA 15, 4)

STATE OF MARYLAND

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050066 1. FOR STATE	DEPARTMENT OF HEALTH AND
REGISTRAR	CERTIFICATE OF I
REGISTRAR	

AND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	0	O	5	Ü	6	
	REG. NO.					

7		CEASED NAME	FIRST		MIDDLE	ı	AST	20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
7	{TYPE	OR PRINT	esL	10 "	1	K	PIPU		2-	11-86	125
1	3. SE	Y-		4 RACE) •	5. DATE C	OF BIRTH	6. AGE HIN YEARS LAST BIR	THDAY	IF UNDER I YEAR	IF UNDER 24 MRS
		MALE		whit	e	MONTH		93	YRS	MONTHS DAYS	HOURS MIN.
21		IRTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNT	TY OF DEATH	
2		md		45	A	WIDOWE	D DNORCED	CARROL	-	rtnuo	MD.
1/	10 C	ITY OR TOWN OF DEA	ATH		HEACILITY, GIVES		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST O			F BUSINESS OR
0	no	IT AIRY		PIERSA	at Vie	ew me	6 Home	Farmer	-50.0	Farmi	ng
22	13a S	AL RESIDENCE (IF NURS	136 COUN	ITY	13c. CITY OR	TOWN	134 INSIDE CITY LIMITS?	130 STREET ADDRESS	ZIP COL	DE Da	04004
\leq	The second	aryland	Howa	rd	Mt.A:	iry	YES NO NO		Cor	ner Ra.	217/1
31	7 17	ATHER'S NAME FIRST Jeremia	h	MIODLE	Kelle	v	15. MOTHER'S MAIDEN NA	MIDDLE		D. w. 11	1
-0	160-0						Mary 17. INFORMANT	Margaret		Burall	
2		(VES NO OR UNKNOWN) LIE YES GIVE WAR OF DATES!				Myrtle L.		Item	13		
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	line for (o), (b	or, and ic	· ·			BETWEEN	MATE INTERVAL ONSET AND DEATH
		PARTI, DEATH W		E CAUSE (o)		Jez	ssis				
		3.277 5.		DUE TO OF	R AS A CONS	AS A CONSEQUENCE OF Musing tent inflation					
	-	Conditions, if ony,		((b)_		0	using les	et inte	lo	2	
		gove rise to imm	nediote ig the	DUE TO OF	R AS A CONS	EQUENCE OF		//	100		
		underlying cause	lost.	(10)						198	
	_	PART 2 OTHER SIGN	VIFICANTO	ONDITIONS CO	DNTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION G	IVEN IN PART TIE	
	CERTIFICATION	CO. E. L.	0	ngon	uc.	voa	a synd	work			
OF	CAT	19a DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YI	ES, WERE FINDIN	GS USED
	TE	E Exellection						YES NO		ES []	NO []
	CER	210 ACCIDENT WAS UNE	_			DAY YEAR	216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
9	AL	OR CONTRIBUTING (IF EITHER NOTIFY MEDI		111		DAT TEAK	E 913 TH				
	MEDICAL	21d INJURY OCCUR		21e PLACE	OF INJURY		211. LOCATION STREET	CITY OR TO		COUNTY	STATE
ď	2	WHILE OF NOT WHE	ILE	(AT HOME STR	EET, FACTORY OF	FICE FARM ETC)	SIMEER	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (I)		gh ottended the			7-19 85	2, to 2-1	1	19 86	tho (I) we) lost
		sow the decease above (11) we) (c	ed alive on	I) visite thoughtouge	The shorts -	19 86, on	d that in (my) (our) opinion (deoth occurred on the d	ote and ha	our and from the	choses stated
		22b. SIGNATURE	X	1/1/1	1111		DEGREE			22c DATE	SIGNED
1		,	1/0	100	00	-	45 ATTENDING PHYSICIAN IT	MEDICAL STAI	FF	2-	11-86
1		22 d. PHYSICIAN'S	AME (TYPE O	R PRINT)			22e ADDRESS				
		Rona	ld E.	Miller,	M.D.		4 Culwell D	r., Mt. Air	y, Mo	1. 21771	
	230 B	BURIAL, CREMATION,	REMOVAL	The second secon			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	CLATE
	'	Burial		Feb. 14,	1986	Bethe	sda Meth.	Browning	svil]	Le, Mont	g. Md.
	24 FL	INFRAL DIRECTOR					250 DAT	F DEC'D BY DECISTRAD			LIDE

DHMH - 16 60M 7/84 (VRA 15, 4)

Opin L. Molesworth, P.A., Damascus, Md.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.
	1 DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 76 HOUR
	LEONG		KORKOJEO	2 2/86 1140
	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
i	/ emale	White	Sept. 16 1904	81 YRS.
d	1: SIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
2	Maryland	USA	WIDOWED DIVORCED [
1	Nestminister	Westminister	URSING HOME OR OTHER INSTITUTION Shursing Home	120. USUAL OCCUPATION (1498#OUSew1: Feworking (#E) INDUSTRY
1	SUAL RESIDENCE (IF NURSING HOME OF 13) COUL Maryland Ba	VIY 13c CITY OR		13e.STREET ADDRESS / ZIP CODE 1024 Gladway Road 21220
ij	FATHER'S NAME	MIDDLE LAS	15 MOTHER'S MAIDEN	NAME MIDDLE LAST
u	unknown	McKenzie		Jnknown
2	WAS DECEASED EVER IN U.S. AR	IS WAR OR DATES	SECURITY NO. 17 INFORMANT	ADDRESS
9	no	212-30	0-4568 Mathilda Cu	Illison 1024 Gladway Road 21220
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) CONDUTIONS CONTRIBUTING	SEQUENCE OF HOUD	RMINAL DISEASE OR CONDITION GIVEN IN PART 110 200 AUTOPSY? 200 DES, WERE FINDINGS USED YES NO YES NO
-	On CONTRIBUTION CONTRIBUTION	HOUR A.M. MONTH	H DAY YEAR 19	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
	OKCONTRIBUTING CAUSE OF DE-	210. PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
	220. I certify that (I) (this hasp	1) view the bady after death.	DEGREE ATTENDING	DoiRector Physician
	230. BURIAL, CREMATION, REMOVAL	236 DATE	231 NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION
	"Cremation	2/28/86	Security Process	Baltimore Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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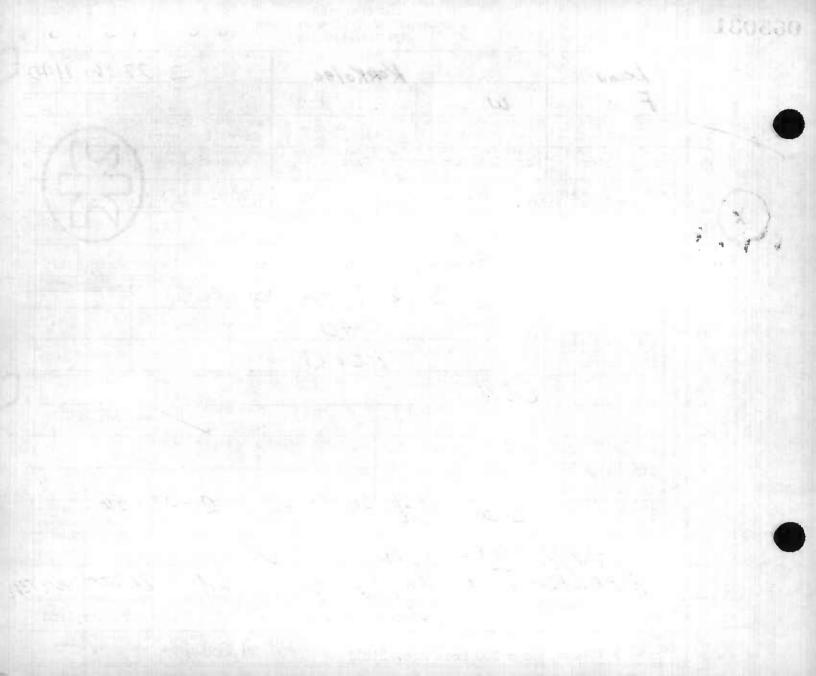
Connelly Funeral Home 300 Mace Ave. 21221

2/28/86 24 FUNERAL DIRECTOR

Security Process

Baltimore Maryland

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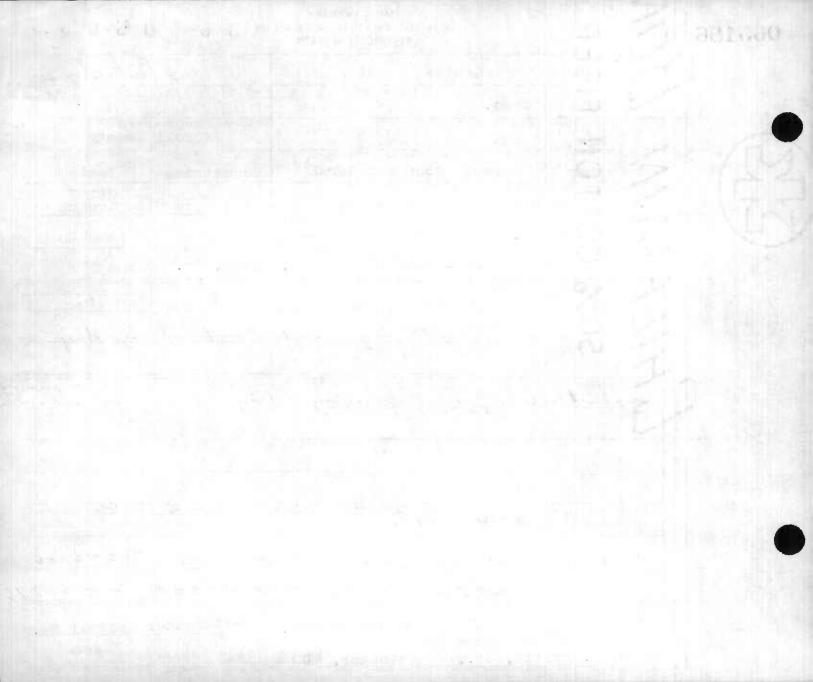


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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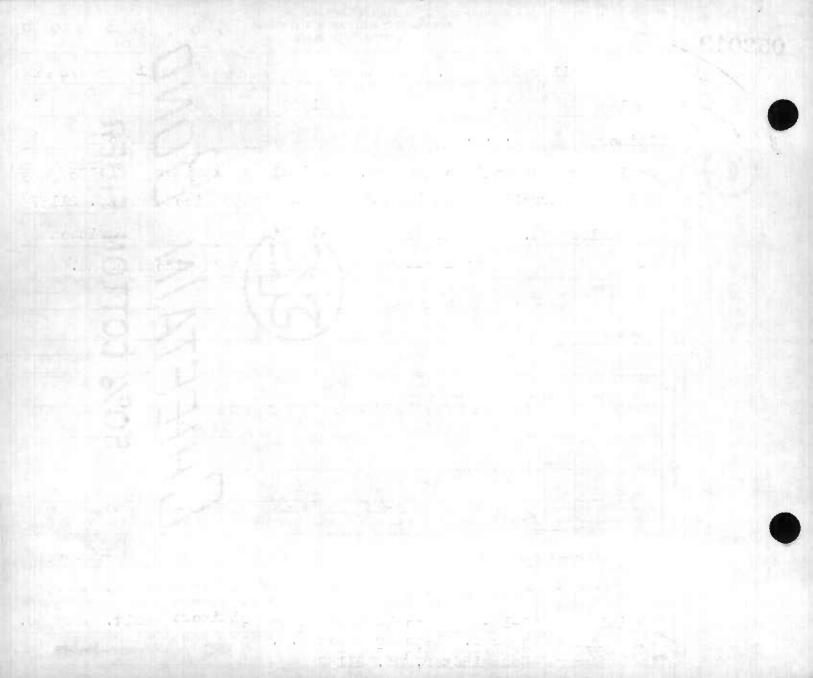
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

$9 \pm$	- STATE REGISTRAR				ICATE OF DEATH	0 0	APPROXIMATE THE APPROXIMATE TH		
	Table of the state of the	FIRST	WIDDLE	L	AST	2 12 86 6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS. 9 BALTIMORE CITY OR COUNTY OF DEATH Carroll 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) TO EXAMINET 132 STREET ADDRESS / ZIP CODE ADDRESS GET 3090 NICO demus Rd. ME ADDRESS GET 3090 NICO demus Rd PREDICAL PES NO PES NO PES NERE FINDIN IN CERTIFYING CAUSES PES NO	26 HOUR		
4	11	lildred	I.	Lews	aster	2	12	86	142
1 11	Sex.	4 RACE		5. DATE O		6. AGE IN YEARS LAST	BIRTHDAY)		HOURS A
4	Female	White	Э	HONTH	9" 19"00	85	YRS	ONINS DATS	HOURS !
100	BIRTHPLACE (STATE OR FORE	EIGN 76 CITIZEN OF	F WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY	-	OF DEATH	
39 :	altimore	U.S	.A.	WIDOWE			Ca	rroll	
	CITY OR TOWN OF DEATH			G HOME O	R OTHER INSTITUTION		TION	12h KIND OF	BUSINESS
100	estminster	-	UCHFACILITY, GIVE STREET A		n. Hospital	c Exam	ner		can
Z IVS	LIAL RESIDENCE DE NURSING	HOME OF OTHER INSTITUTIO	N GIVE RESIDENCE BEFORE	ADMISSION)		-11-1-11-1-1-1-1-1			
3.5	aryland 13	*Carroll	13 CELLO FION	hs te:	134 INSIDE CITY LIMITS?	3090 Ni	codemu	s Rd.	2115
-	FATHER'S NAME				15 MOTHER'S MAIDEN NAM				
100	Charles	MIDDLE	Stansbu	rv	CoTumbia	A MIDDIE		David	dson
160	WAS DECEASED EVER IN	U.S. ARMED FORCES?			17 INFORMANT		RESS		
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	216-03-	5405	Guy Le Mast	er 3090 I	Vicode	mus Ro	i.
-									
	PART L DEATH WAS	CAUSED BY:	er line for (a), (b), and	310				BETWEENO	NSET AND DE
27.04			1 1-	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 110	
S shows ony injury	mon	- mario	D	0050 17101	NAME OF DESCRIPTION	Ton AUTODEV2	JAN IF VEC	WEBE EN ID IN	GE USES
7 5	190 DATE OF OPERATIO	I 196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	ZUG AUTOPSY:	IN CERTIF	YING CAUSES	OF DEATH
			OS BUILDY		Tel How blumy occurr				NO 🗌
	OR CONTRIBUTING CALL		OF INJURY A.M. MONTH DA	Y YEAR	ZIC HOW INJURY OCCUR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	ART I OR PART 2)	
1 2	(IF EITHER NOTIFY MEDICAL		P.M.	19					
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME S	E OF INJURY STREET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET	CITY OR	TOWN	COUNTY	STA
MEDICAL	AT WORK AT WORK			- 7 1	7 1			511	
MED									
MED	22a L certify that (I) (th	nis haspital) attended	the deceased fram	21	9 19 56				
MED	22a certify that (1) (the saw the deceased abave, (1) (we) (did	alive an Fd 12	19		id that in (my) (aur) apinian			and from the c	auses state
MED	22a I certify that (I) (the	alive on Feb 12	19		od that in (my) (aur) apinian (leath accurred an the	date and have	and from the c	auses state
MED	27a I certify that (I) (the saw the deceased abave, (I) (we) (did 27h SIGNATURE)	alive an Edy 12) (did not) view the bad	dy after death.		DEGREE ATTENDING PHYSICIAN	leath accurred an the	date and have	and from the c	auses state
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	22a L certify that (I) (the saw the deceased abave, (I) (we) (did 22h SIGNATURE) 22d PHYSICHAN'S NAM	alive an Edy 12) (did not view the bad S. Harsh KE (TYPE OR PRINT) S. HARS	sy after death, 19 What is a second of the	D JAME OF C Odla	DEGREE ATTENDING PHYSICIAN P 270 ADDRESS AMERICAN EMETERY OR CREMATORY WN Cemetery	MEDICAL ST DIRECTOR PHYS	AFF ICIAN TO BE	22c. DATE S 2//,	ity STA



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e e e		CEASED NAME FIRST	BUTUS N.M.	LAST LILOYI)	2e. DATE OF DEATH	2 -03-	YEAR 26	HOUR
4 may b to, page after deal	3. SE		CANCASI	S. DATE OF BIR		6. AGE (IN YEARS LAST BU	THDAY) IF UN	DER I YEAR IF	UNDER ZA HRS. OURS MIN.
oth. Poge 72 hours	-	IRTHPLACE (STATE OR FOREIGN COUNTRY) CERCINIA		DUNTRY?	NEVER MARRIED DIVORCED	9. BALTIMORE CITY C	OR COUNTY OF	DEATH	
ofter de oft	10 C	ITY OR TOWN OF DEATH		L, NURSING HOME OR OT		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)	OF WORKING LIFET	Ab. KIND OF B	
VD 2120	USU 130.	AL RESIDENCE (IF NURSING HOLDSTATE 13b C	OUNTY 136. CITY	ENCE BEFORE ADMISSION) OR TOWN THE INSTER	_ 14	13e. STREET ADDRESS	eparki	2	1157
d within on pletely fond 2 sho	The state of the s	ATHER'S NAME FIRST UN KNOW	MIDDIF		OTHER'S MAIDEN NAM	ME		LAST	77111111
MORE, A		WAS DECEASED EVER IN U.S			NEWOVA TA	ADDR	ecia L SE		
4 ST., BALT certificate b ng physicio bon popers. removal.		PART I. DEATH WAS CA		etallat	e Bres	art Carci	noma	BETWEEN ONS	LE INTERVAL ET AND DEATH
1 W. PRESTON The others the cutent the cuten		Conditions, if ony, whice gave rise to immediate couse (o), stating the underlying couse lost	DUE TO, OR AS A C						
ECORDS, 20 aw requires been signed rmit. Then pla prior to burin ony injury, o	CERTIFICATION	PART 2. OTHER SIGNIFICA	NT CONDITIONS <u>CONTRIBU</u>	R WHICH OPERATION WA		INAL DISEASE OR CON	20b. IF YES, WE	RE FINDING	S USED
OF VITAL R LIAN: The I physicion. rtificate has sl-transit pe tal Hygiene Tal Hygiene		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	DE DEATH HOUR A.M. MO	NTH DAY YEAR	HOW INJURY OCCURR	YES NO	YES [1	NO [
DIVISION OF NG PHYSICIA oftending p fifer this certif os the buriol-th ond Mental orked or frem	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA- 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJUR	RY OFFICE, FARM, ETC)	LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
ATTENDIN spirol or CTOR: Afr of for use of f. of Health		220.1 certify that (I) (this h	nospital) attended the decease on 22 id not view the body after dec	-19 Sh and the	t in (my) (our) opinion d	, to death occurred on the d	ote and have and		t (I) (we) lost
AL OR the ho AL DIRE efoche ine Dep		27b. SIGNATURE	the terms to	DEGR	ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	224. DATE SIG	NED S
TO HOSPIT. TO FUNER. Should be d with the Sto			EHEDU NI	+grand.	100 PO	de Rd	WOUTN	wing	no
BP	023	SURIAL CREMATION, REMO	FEB 6,1980	231. NAME OF CEMET	EK COM	NEW WILL	DSUR C	HEROL	L STATE D.
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REG. NO.			

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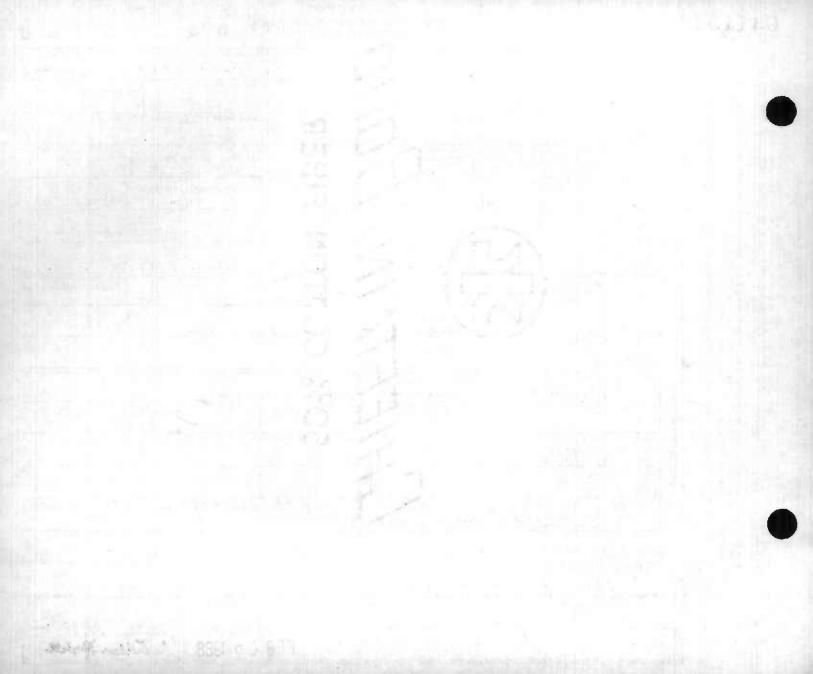
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1	I. DECEAS		FIRST	•	MIDDLE	ı	A51		20. DATE OF DE	HINOM HTA	DAY YEAR	2b. HOUR	_
J	THE OWNER		Velli	е	н.	Lowe	9		Feb	1,1986		06 2	M
1	3. SEX		X (-11)	4. RACE		5. DATE C			6 AGE (IN YEARS)	(AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 H	IRS.
1	Fem	nale		White		2	22	1888		97 YRS	MONTHS DATS	HOURS M	IP4,
4	BIRTHP	LACE ISTATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D D NEVER	MARRIED 3	9 BALTIMORE	ITY OR COUNTY	OFDEATH		
5		ryland	-25	U	SA	WIDOWE		NORCED	Carr	oll Co.			MD
	10. CITY O	R TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INS	TITUTION	12a. USUAL OCC	UPATION MOST OF WORKING LIE		F BUSINESS	
1	West	tminst	er	Carro		Gen	1 Ho :	spital		stress		thing	
7	30 STATE		13b COUN		GIVE RESIDENCE BEFORE		136 INSIDE	CITY LIMITS?	13e STREET ADD	PESS / 7IP CODE	THE I		
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	14 FATHER	R'S NAME FIRST		MIDDLE	LAST		15. MOTHER	'S MAIDEN NA		DDIE	146		
U		Thomas		moote	Lowe		A]	ice	MI	DULE	Hann		
٦		DECEASED EVEL		MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORM	ANT		ADDRESS			
		0	111 163, 011	E WAR OR DATES!	212-07	-1852	Mrs	s. Till	ly Bate	s, Hamp	stead	, Md.	
1					r line for (a), (b), one	d (c)						MATE INTERVAL ONSET AND DEA	TH.
1	F	PART I. DEATH \		D BY: TE CAUSE (a)	Congest	tua-	heart	Jarlune	_				
1				1 3 27 3	R AS A CONSEQUE	NCE OF			<				
1	Cor	nditions, if ony	, which	(b)	Congred OR AS A CONSEQUE	aslar	stre 1	Jean D	mein				
1		ve rise to imuse (a), stati		DUE TO O	R AS A CONSEQUE	774							
	und	derlying caus	e last.	(c)_									
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	CERTIFICATION 510° E	P.	مان قدم	men.	carabo	oves	enlan	- min	Hieraner	2_			
5	5 19a E	DATE OF OPERA	NOITA	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERF	ORMED	20a AUTOPSY	20b IF YES	S, WERE FINDIN	OF DEATHS	
S	E .						Petro Co.		YES NO			NO [
H		ACCIDENT WAS UN			OF INJURY M. MONTH DA	Y YEAR	21¢ HOW II	NJURY OCCURR	RED (ENTER NATURE	OF INJURY IN ITEM 18 P	PART I OR PART 2)		
	N (IF	EITHER NOTIFY MED			м.	19							
۱	2	INJURY OCCUP		21s. PLACE	OF INJURY REET FACTORY, OFFICE, F.	ARM. ETC 1	211 LOCAT		CIT	YORTOWN	COUNTY	STATE	
ı	AT W		ORK				100						
'n				and the same of	ne deceased fram	Jan	-		, 10	et i,		that (I) (we)	
		saw the decea abave, (1) (we)	sed alive an (did) (did na	ti view the bady	- 9	, ar	nd that in (my) (aur) apinian (death occurred an	the date and hav	and from the	causes stated	
	22b.	SIGNATURE		c . /			DEGREE	ATTENDING	HEDICAL	CTAFF	22c. DATE		
		10	han.	. Har	shey "	+ 12		PHYSICIAN [MEDICAL DIRECTOR P	STAFF HYSICIAN	2/1)	186	
	22 d	PHYSICIAN'S N					220 ADDRE						
		201	4~ -	· HAN	SHEY M	D	1 san	the se	C. Wests	renoter so	rd, 211	57	
	23a. BURIA	L, CREMATION	, REMOVAL	23b DATE	23c. N	AME OF C	EMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE	
	_	irial	175	2-4-8	6 Gr	eenmo	oun t	Cemete	ry Hamp		Carroll		
	74 FLINED	AL DIRECTOR						25a DATI		TRADITES DECICT	DAD'S SICNIAT	LIDE	

ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

El in e

Funeral Home,



FOR

REGISTRAR

- STATE

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY National Public Relations Cathedral 13e.STREET ADDRESS / ZIP CODE 2300 Sykesville Road 21157 Sherbondy 12 9457 Thomas S. Bockoven son same as PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (aur) apinian death accurred an the date and hour and from the couses stated 22¢ DATE SIGNED 2/12/96 PHYSICIAN TORRECTOR PHYSICIAN Burial 1986 Methodist Ch. Cem. Potomac 24 FUNERAL DIRECTOR Robert A. Pumphrey Funeral 25a, DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE Homes, P.A. 300 W. Montg. Ave. Rockville Md.

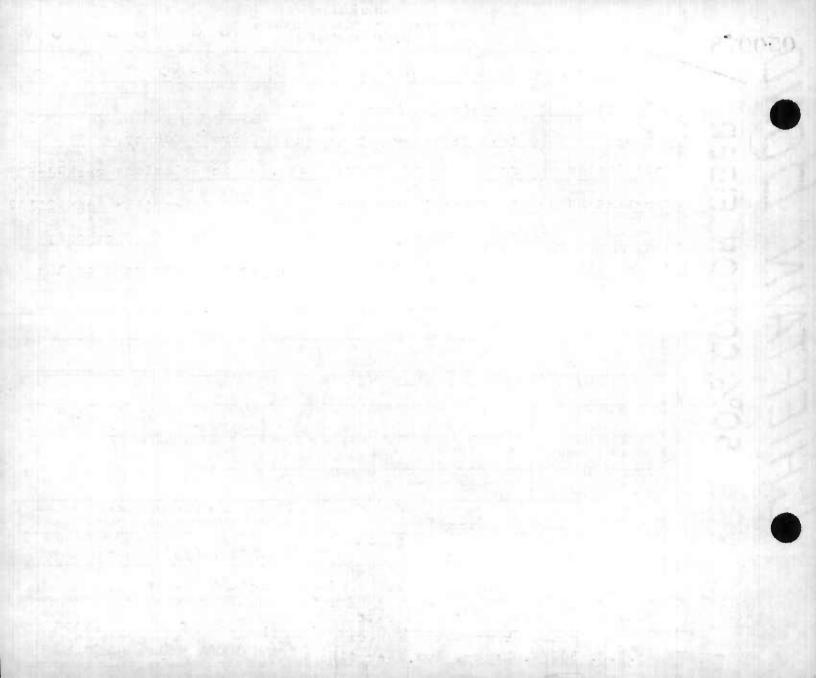
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 24 H



FOR

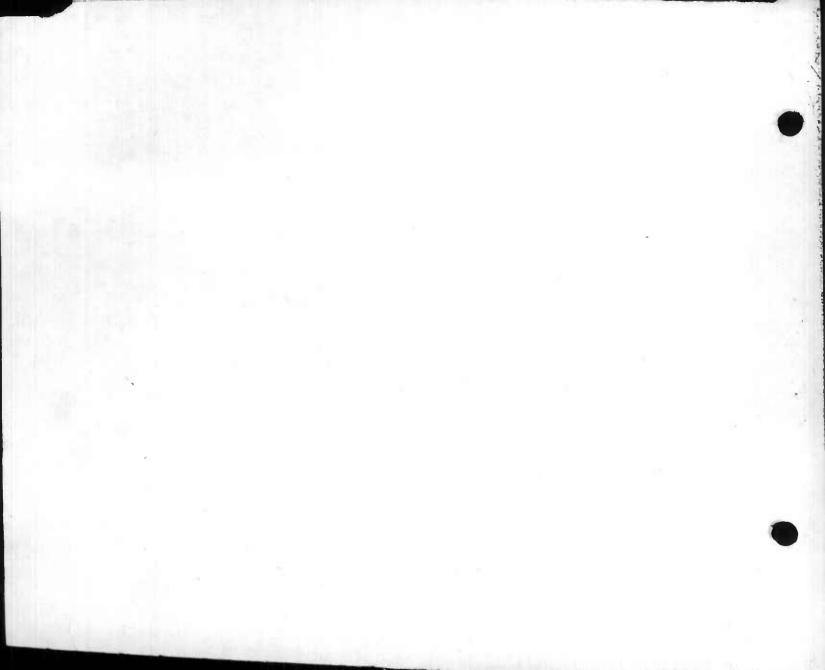
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC NO					

051207	1.	STATE REGISTRAR			CERTIFICA	TE OF DEATH	REG. N	10.	US	0 / 0
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page 3		Just	us 1		Mar	Tin		3 1	6 86	2 PM
I mor	3 SE		4. RACE		5. DATE OF BIR	TH DAY YEAR.	6. AGE (IN YEARS LAST B	_	IF UNDER 1 YEAR	IF UNDER 24 HRS
s of	1	male	CAUCE	SIAN	19	hs 01	85	YRS.		
81		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	AT COUNTRY?	MARRIED D	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
1/222	2	pryland	U.S.A.		WIDOWED	DIVORCED [CATTO	11		MD.
1 Jan	10 C	TY OR TOWN OF DEATH		SPITAL, NURSING		HER INSTITUTION	12a. USUAL OCCUPAT	FION OF WORKING LIFE		F BUSINESS OR
100	M	ount Hir	Pleasar	ivti	NONS	ursing tome	Huto.	lech.	Kep	air
1 20 1	1 USU	AL RESIDENCE (IF NURSING HOME OR		E RESIDENCE BEFORE		INSIDE CITY LIMITS?	13 STREET ADDRESS	/ ZIP CODE	2	1000
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mpletel ond 2	1)	THER'S NAME	MIDDLE	MIAST A	15. A	OTHER'S MAIDEN NAM	VE WIDDLE		LAS	1
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Poges Poges			MED FORCES? 16	SOCIAL SECUR	ITY NO. 17 I	NFORMANT	AUG	6.92 W	Dinings 1	de Ln.
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hysicia paper aval.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line DBY:	e for to 1, (b) and	10	111:11	4611		BETWEEN	IMATE INTERVAL ONSET AND DEATH
ng pl bong rem			E CAUSE (o)	10	MA	(17 "	1013			
ath c endii r. carl n. or			DUE TO, OR A	S A CONSEQUE	NCE OF					
e de nave		Conditions, if any, which gave rise to immediate	(b)							
by the		couse (a), stating the underlying couse last	DUE TO, OR A	S A CONSEQUE	NCE OF				With the	
÷ p = 0 5		DART 2 OTHER SIGNIEICANIT	(c)	TRIBUTING TO D	E ATH BUT NOT	DELATED TO THE TERAN	NALDISCASE OR COL	TO LICE OF	SALIBLE DADY 1	
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ow remit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITIO	N FOR WHICH	PERATION WA	S PERFORMED	20a AUTOPSY?	206. IF YES	, WERE FINDIN	NGS USED
The le loss in the le loss is the le grene	I E					3400	YES NO		s 🗌	NO []
N T T S T S T S T S T S T S T S T S T S		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF IN	MONTH DA	Y YEAR 21c	HOW INJURY OCCURRI	ED (ENTER NATURE OF INJ	URY IN ITEM 18 P	ART 1 OR PART 2)	
SICIA ng pl certif rial-trendlendlendlendlendlendlendlendlendlendl	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.		19					
this the bud w	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF	INJURY FACTORY, OFFICE FA		LOCATION	CITY OR T	OWN	COUNTY	STATE
ING ostler orke		AT WORK								
DR: A CONTROL OF STREET OF		22a I certify that (I) (this haspi saw the deceased of	tal) attended the d	eceosed from		it in (my) (our) opinion d	, to			that (I) (we) lost
ATT ospiro d fo d. of m 2		obove, (I) (we) (did) (ind m)	view the body oft	gi death	DEGR		eom occorred on the c	tote ond nout	22c. DATE	
OR A he has DIREC ached ached Dept.		228 SIGNATURE	MI	1	Veisi	ATTENDING .	MEDICAL STA	VFF	22C. DATE	-16- K
SPITAL d by the NERAL be deto e Stote TANT: II		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		1220	ADDRESS	DIRECTOR PHYS	CIAN	10	1000
retained by the TO FUNERAL should be det with the State		N. Q. 11	m:11			not as	lam Va	. 2	1771	
shoot shoot	23n F	URIAL, CREMATION, REMOVAL	23b. DATE	123, N	AME OF CEME	ERY OR CREMATORY	23d LOCATION	. «	,,//	
BP	230	SPECIFY CREMATION, REMOVAL	17 Feb	86 (1)	action CEME	Men Ph	CITY OR TOWN		S. Onhin	STATE
	24. FL	INERAL DIRECTOR	11/00	R	× 168	250 DAIE	REC'D BY REGISTRA	25h REGIST	ENLIQUODANI	URE URE
DHMH - 16 60M 7/84 (VRA 15, 4)	Si	ACK FUNERAL	Homes	ALICOT	CITY N	1) 2188 2FE	R 1 8 1980	9		
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Toid Certif 86-0507)



24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	1 -	FOR STATE REGISTRAR	3	DEPAR		EALTH AND MENTAL HY	GIENE 8	REG. NO.	0 5	5 0	7 %	2
		CEASED NAME FIRST		A.		Daett	20. DATE C	DE DEATH M	- 21	86	26 HOUR 4	4 M
11	3. SE	MAIE	CAUCA		S. DATE C			SH	YRS.		IF UNDER 24	MRS MIN.
1	۸	RTHPLACE (STATE OR FOREIGN COUNTRY) NEW JERSEY	03	WHAT COUNTR	MARRIE		CAR	ORE CITY OR	sunty			MD.
9	1	ITY OR TOWN OF DEATH	CARROLL	L WHERAN	U, 1/4ge	WIRDLY CLER CLER	TYPE OF WO	LOCCUPATION ORK FOR MOST OF V COUNTS	VORKING LIFE	126 KIND O INDUSTRY	I RED	OR
6	13a S	AL RESIDENCE (IF NURSING MOME OF TATE 136 COL	OR OTHER INSTITUTION INTY CROIL	GIVE RESIDENCE BEF 13c. CITY OR TO WESTM	NWC	13d INSIDE CITY LIMITS?	414 E	ADDRESS / Z	PARK		2115' Apt. T-	7
d	4 FA	Tames James	MIDDLE	MURLE	11	IS MOTHER'S MAIDEN N FIRST MARY	IAME	MIDDLE	K	CEARD	ON	
		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES G	RMED FORCES?	166 SOCIAL SE	- 9508	MRS.DOROTE	HY K.N	ADDRES:		STER	STOW	N M
	Section 1	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TER	Was RAINAL DISEA		JON GIVEN	IN PART LIG	ACC.	4 4
1	CERTIFICATION	190 DATE OF OPERATION			7/10	N WAS PERFORMED	20a AU	TOPSY?	20b. IF YES', W	ERE FINDIN	GS USED OF DEATH	?
1	MEDICAL CERT	OR CONTRIBUTING CAUSE OF DI JIE EITHER NOTIFY MEDICAL EXAMIN 21d IN JURY OCCURRED WMILE NOTIFY MEDICAL EXAMIN AT WORK	P 21m PLACE	M, MONTH M.	19	211 LOCATION STREET	JRRED (ENTER)	NO LI		COUNTY	NO _	TE
1		220 I certify that (I) (this hasp saw the deceased alive a obove (II (ye) (did) (did, SIGNATUS) 22d PHYSICIAN'S NAME (17PE DAMICL I	or PRINTI	offer death. Plue LIVEN	Elo or L M	22e ADDRESS Z 18	WAS EST	STAFF R PHYSICIA HINGT				_
	23a. 8	BURIAL, CREMATION, REMOVA SPECIFY) REMATION		23.86		EMETERY OR CREMATORY	CI	ATION TY OR TOWN		PINUS SEL	STAT	TE

DHMH - 16 60M 7/84 (VRA 15, 4)

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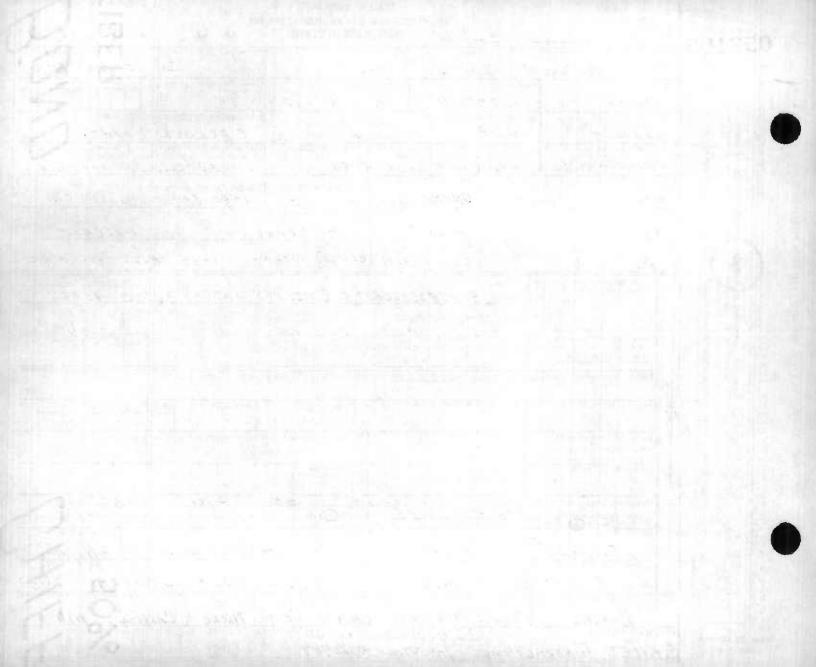
057013

HOME REISTERSTOWN, MD. 1250. DATE REC'D. BY REGISTRAR 250 ELINE FUNERAL HOME REISTERSTOWN, MD.

DER NATION LEG. J. D. CARROLL CREMATION MARRETEAD, MD.

A WOTERSTEIN TERRORS . SHI

	1					OF MARYLAND					
	1.	FOR STATE		DEPARTA		EALTH AND MENTAL	HYGIEN		0	5 0	7 3
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, w÷		CEASED NAME FIRST		moore			76	DATE OF DEATH	2 10	~ 1	26. HOUR
deor deor	3. SE	ANDRE	14. RACE	DNAS	5. DATE O	IEKS	- 1	GE LIN YEARS LAST BIR		UNDER TYEAR	B:10
offer. A	3. SE	MALE		0 5 (0.0)	MONTH	DAY YEAR		9 =		NTHS DAYS	HOURS MH
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7 2 to 6 1		RTHPLACE I STATE OR FOREIGN	VS/	WHAT COUNTRY?		NEVER MARRIED		ALTIMORE CITY O			, 154
deo deo		TY OR TOWN OF DEATH		/	WIDOWE	DIVORCED OR OTHER INSTITUTION		CARROL			F BUSINESS C
offer d william		INION BRIDGE	(IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(1)	PE OF WORK FOR MOST D	F WORKING LIFE	INDUSTRY	
n by		AL RESIDENCE IN NURSING HOME O	R OTHER INSTITUTION	BAUST CI		4 Rd		FARMERA	ETTREN	FAR	MING
1 11 20	13a	STATE 13b. COL	INTY	13t, CITY OR TOW	N. I	13d INSIDE CITY LIMIT		STREET ADDRESS		21,	191
1 24 4	_	TARYLAND CA	RROLL	UN IMUSS R	1100	YES NO SEL		1540 BAC	ST CH	URCH	Va.
1 18/1/01	0	FIRST	MIDDLE	LAST	9	FIRST		WIDDLE		LAS	T
	160.3	LEWIS WAS DECEASED EVER IN U.S. A	PAMED EORCES?	MYERS 166 SOCIAL SECU		MISSO	uRI	ADDRE		USBA	ium
/ p. \2/		YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	220-34		ELWOOD MY	YERS		BAUS!	T CHUK	ech po
1 9: /:/	-	NO.		-					0770		
E STATE OF		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe ED BY:	r line for (a), (b), on	d (c).)			. ~~ = 4 .	1		MATE INTERVAL ONSET AND DEA
1 201 1			ATE CAUSE (o)	ATHEROS	CLERI	OTIC CORDN	SARY	ATELOXY	DISEASE	3 Y5	ARS
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de of the	60	Conditions, if any, which	((b)								
and		gove rise to immediate couse (a), stating the)					1000			
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sign hen o bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ON IKIBUTING TO L	DEATH BUT	NOI RELATED TO THE	IERMINA	E DISEASE OR CON	DITION GIVEN	I IN PART HE	5'
ny in	CERTIFICATION	19s DATE OF OPERATION	19h CONE	ITION FOR WHICH	OPERATION	N WAS PERFORMED		200 AUTOPSY?	Tab IF YES V	WERE FINDIN	VGS LISED
low low	5	THE DATE OF CLEANION	170 00110	morrion men	O' EKATIO	THASTER ORNED			IN CERTIFYII	NG CAUSES	OF DEATH?
N: The ysicion.	E			5.5.111.57				YES NO	YES		NO 🗌
		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	110110	OF INJURY	AY YEAR	21c. HOW INJURY OC	CURRED	(ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2)	
PHYSICIA ending ph this certifi the buriol-tr ad Mental	MEDICAL	I IF EITHER, NOTIFY MEDICAL EXAMIN		.M.	19	27 L L L L L L L L L L L L L L L L L L L					
AYS din bus or h	ğ	21d INJURY OCCURRED		OF INJURY		21f LOCATION		City OR TO	1401	COUNTY	STATE
G P	2	WHILE NOT WHILE	(AT HOME, S)	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CHYOKIO	WIN	COUNTY	STATE
Aft olth		22s I certify that (1) (this has	outol) ottended ti	he deceased from	12	15 198	3 5	10 2/10	10	86	that (1) (we)
A P S S S S S S S S S S S S S S S S S S		saw the deceased alive a above, (I)(we) (did) (did n			35 00	d that in (my) (our) opi		h occurred on the de		1/2-	
AT OSP	27	above, (D) (we) (did) (did n	ot) view the body	y ofter death		DEGREE				22c DATE	
OR Oche Dep		ZZB. SIGNATURE	1	1			NC A	EDICAL STAI		ZZC DAIE	SIGNED
HOSPITAL ined by the FUNERAL wild be detected to the Store of the Stor		11 m 17	-), 10	4		AN D	NEDICAL STAI	IAN	2/1	0/76
SPII d b be St TAN		221 PHYSICIAN'S NAME TYPE				22e ADDRESS	77-				
TO HOSPITAL (retained by this TO FUNERAL Is should be deto with the State IMMPORTANT; if		Wm. R. LIN	THICU	n, m. D.		TAN	JEY	TOWN	MAR	YLAN	3 2179
Of Or Share	730	BURIAL, CREMATION, REMOVA)	JAME OF C	EMETERY OR CREMATO	OPY T	234 LOCATION		, ,	- 10
		SPECIFY)	-	m . a = 1 A	A CLEAN	CHARLEST OR CREMATO	ORY	CITY OR TOWN	1.	COUNTY	STATE
BP	-	DURIAL	FEB. 1	3,1986 BI	1451	CHURCH CE	=M.	MRONE,	CARROL		NO
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	-	36 En B		11020	DATE RE	C'D. BY REGISTRAR	256. REGISTRA	R'S SIGNAT	URE
(VRA 15, 4)	5		AL HOME	S TANEY	TOWN,	MD 21787 E	B 18 4	2. Bullingu	harbereds	STATE OF THE	1



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MPORTANT.

(SPECIFY)

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ą	e e e e e e e e e e e e e e e e e e e	I DECEASED NAME FIRST HELET	MIDDLE B.	Newman	20 DATE OF DEATH MONTH / DAY
ge 4 moy	rs ofter do	3 SEX Female	Cauc.	5. DATE OF BIRTH MONTH 13 1900	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS
eath. Poe	in 72 hou	COUNTRY OF THE OFFICE O	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRIED WIDOWED NOVECED	9 BALTIMORE CITY OR COUNTY OF E CARROLL COU
ofter d	d with	Nestminster	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)

IF UNDER 24 HRS HOURS EATH NTY b. KIND OF BUSINESS OR DUSTRY cosmetology 732 Uld Baltimore Road nairdresser USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore MD. Carrol 01d Road Westminster 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Frizzell Levina Ulvsses Grant ADDRESS 166 SOCIAL SECURITY NO 17 INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? LYES, NO OR UNKNOWN HE YES GIVE WAR OR DATEST 207-30-505 Ulysses Brown 13e no na APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY: CARDIO IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate couse (o), stoting the AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STATE CITY OR TOWN AT HOME STREET FACTORY OFFICE, FARM ETC) NOT WHILE WHILE

22a I certify that (1) (this hospital) attended the deceased from sow the deceased alive on obove. (A) the deceased alive on obove. (A) the deceased alive on obove. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGN 11 1/19 DEGREE 22c DATE SIGNED

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN YS NAME THE DEFENT

3125 BALTO, BLUD, FINKS BURG, ND 21048 23t. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION

DHMH - 16 60M 7/84

BP.

Westminster Cem. Buria 24 FUNERAL DIRECTOR Washington Road Pritts, Sr., Westminster,

Westminster Carroll BY REGISTRAR 256 REGISTRAR'S SIGNATURE

To Piaco,

CITY OR TOWN

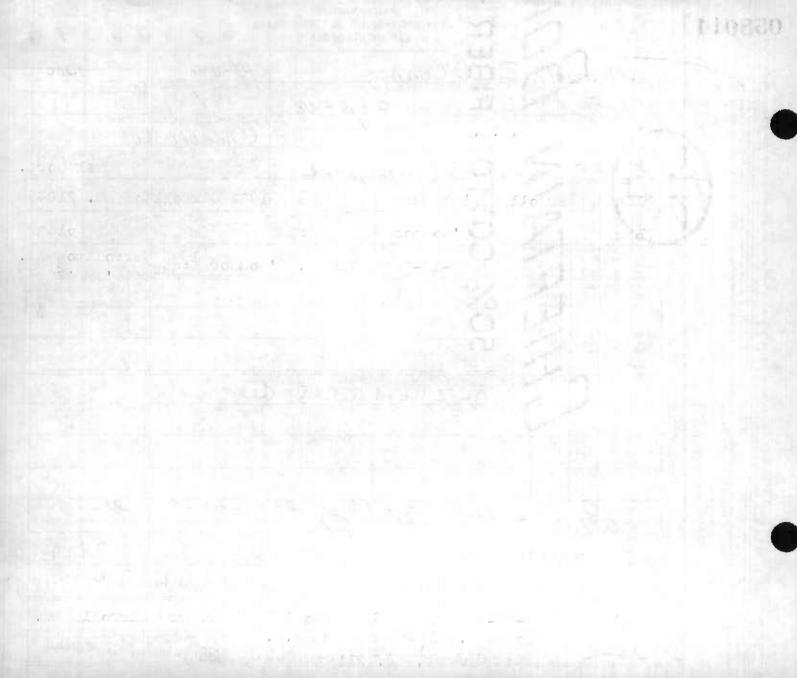
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1 Page 5 0 925

(VRA 15, 4)



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 06,6212 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 2a. DATE OF DEATH 2b. HOUR (Type or print) LEWIS ALVIN PETERS 4. RACE S. DATE OF BIRTH 3. SEX IF UNDER 24 HRS. last birthery) White 7 May 1907 Male z Monskag om an Veign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country ounty, Md. U. S. Frederick County. WIDOWED [DIVORCED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12530 Legore Road during most of working life, even if retired.) Keymar DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Operator 13a: USUAL RESIDENCE (Where deceosed lived, it institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO X 12536 Legore and Keymar 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Maude Trevey George Peters 6b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) 517-16-4721 Catherine B. Peters, Keymar, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) can cha rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO T YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notity medical examiner) 21d. INJURY OCCURRED While Not while at wark 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County 22a. I certify that (1) (this haspital) attended the deceased fram 3-1/, 19-21, ta 2-22, 19-24, that (1) (we) last saw the deceased alive an 2-24 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED.
DIRECTOR STAFF PHYS. 03-03-86 DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Gene F. Ashe, M. D. 10200 Coppermine Rd. Woodsboro, MD 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) Frenchick (Ote)
Legore, Marylandick, 23b. DATE 23o. 8URIAL CREMATION REMOVAL (Spectly) 4Mar. 1986 Oak Hill Cemetery Legore. 0 ADDRESS 25h. REGISTRAR'S SIGNATURE 2So. REC'D 8Y REGISTRAR na Dandon pendette DHMH - 16 3/72 25M Woodsboro, Md. DAMAR (VR A15 (4))

STATE OF MARYLAND

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(VRA 15, 4)		Eline Funeral			B 07 1986 Line	Davidson-Mandall

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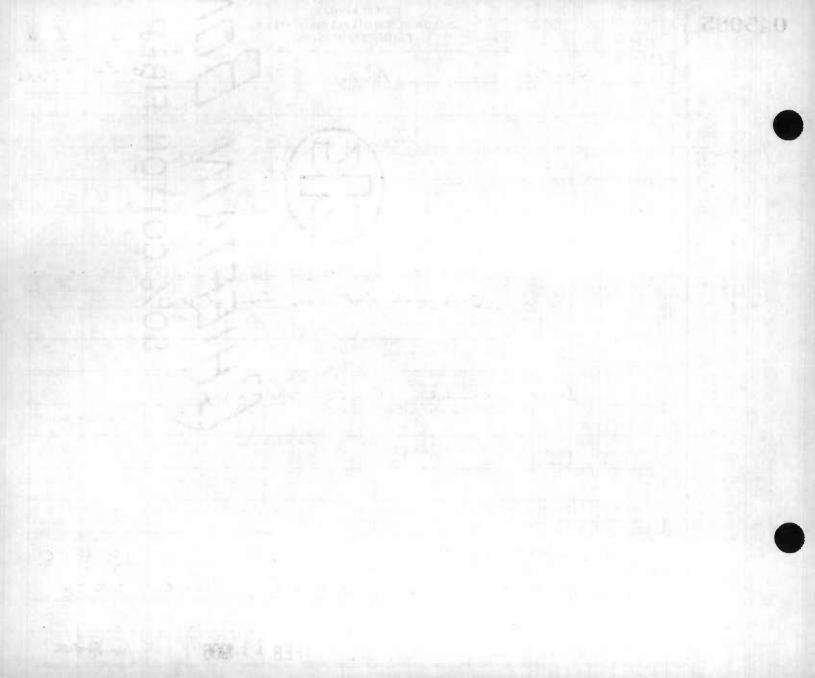
STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)



62014	- STATE REGISTRAR
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TYPE OR PRINT)

STATE OF MARYLAND

EPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
CFI	ITS	FICATE	OF	DEATH	

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20	DATE	OF	DEATH	MON

26 HOUR

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TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physics should be detached for use as the burial-transit permit. Then please remove corban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

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1,	REMOVAL	23b. DATE	

22d PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION

FIRST

231 NAME OF CEMETERY OR CREMATORY Hampstead Cem.

22e ADDRESS

ATTENDING PHYSICIAN

23d LOCATION

MEDICAL STAFF

COUNTY Md. Carroll

DHMH - 16 60M 7/B4 (VRA 15, 4)

Burial 24 FUNERAL DIRECTOR Funeral Home, Hampstead,

-28-86

Hampstead

230 DATE RECD. BY REGISTRAR 259 REGISTRAR'S SIGNATURE FEB 2 7 1986

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22b SIGN	ATURE	\ /		- [DEGREE				22c. DAT	E SIGNED	

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038034	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 3	G REG. NO.	5 6	8 0
. me	DE (TYPE	CEASED NAME	FIRST	A	MIDDLE	affer	AST	Peb 1		DAY YEAR	26. HOUR
may b	3 SE	x		4 RACE		5. DATE C		6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR	7/1
0 0 0 1/	6	F		W		Sep	t 20° 1896°	90	YRS		Mas.
O . tro	70 B1	RTHPLACE ISTATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	NEVER MARRIED DIVORCED	9 BALTIMOR	Carroll	TY OF DEATH	MD.
s offer d	10 C	Eldersburg		11. NAME OF 6411 H	HOSPITAL, NURSIN TEKNTY SIVE STEET	IG HOME (R OTHER INSTITUTION	120 USUAL O (TYPE OF WORK F House	CCUPATION OR MOST OF WORKING WITE	126. KIND (INDUSTRY	OF BUSINESS OR
aND 212	130 5		136 COUL	Tro11	13 Eldersb	urg	13d. INSIDE CITY LIMITS?		ickory L	ane,Elde	ersburg M
MARYL ed with	14" FA	Louis	Н	MIDDLE AP	pel Sr		Marthat	AME	MIDDLE Mu	eller '	.\$1
iMORE, on on order		VAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	166 SOCIAL SECU 212-30-2	002A	Robert A Sha	affer,64	ADDRESS 11 Hicko:		21784 Ldersburg
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2 NG PHYSICIAN The low requires that the death certificate be executed within 24 h attending physician. The low requires that the certificate has been signed by the ottending physician and certificate has been signed by the ottending physician and certificate has been signed by the ottending physician and certificate has been signed by the ottending physician and certificate has been signed by the ordending physician and certificate has been signed by the orden of the medical physician and certificate has been signed by the orden of the medical physician and certificate has been signed by the orden of the medical physician and certificate has been signed by the orden of the medical physician and certificate has been signed by the orden of the medical physician and certificate has been signed by the orden of the medical physician and certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician one certificate has been signed by the orden of the physician orden of the physician orden o		PART I. DEATH WA	AS CAUSE IMMEDIAT which ediote the	D BY: TE CAUSE (0) DUE TO, O	OR AS A CONSEQUE	COA ENCE OF	elral hen	rond	rge.	2 v	AMATE NATERVAL LONGET AND DEATH
ECORDS, 301 ow requires the been signed in the plee prior to burnol only injury, or	ATION	PART 2. OTHER SIGN MUTUAL 190. DATE OF PERAT	Stor	rosis			NOT RELATED TO THE TER	MINAL DISEASE	SY? 20b. IF Y	ES, WERE FIND	INGS USED
IF VITAL RE JAN The lo physicron. ifficors hos ifficors per incors; per or 18 shows o	L CERTIFICATION	210, ACCIDENT WAS UNDE	AUSE OF DEA	216. TIME C	DE INJURY	AY YEAR	21c. HOW INJURY OCCU		NO	TIFYING CAUSE YES B. PART 1 OR PART 2)	S OF DEATH?
UG PHYSICIA attending pl fer this certif is the buriol-t h and Mental	MEDICAL	(IF EITHER, NOTIFY MEDICA 214 INJURY OCCURR WHILE NOW AT WORK	L EXAMINER)	P.	.M. OF INJURY REET, FACTORY, OFFICE, F	19	211. LOCATION		CITY OR TOWN	COUNTY	STATE
ATTENDIN ospitol or ECTOR Al for use of for use of for use of for use of for use of for use of the oth		22a I certify that (1) (saw the decease above, (1) (we) (di	d alive on	211	19	86.0	d that in (my) (our) opinion	, to	on the date and h	our and from the	
IOSPITAL OR and by the high the high the high the high the high the state Digital of the State Depth of the		IN PHOTON SNA	AE (TYPEYO	JON	Jaur	2	ATTENDING PHYSICIAN	DHECTOR C	STAFF PHYSICIAN	The DATE	ESIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store	230 5	BURIAL, CREMATION, 6	-16	123b DATE	122. 1	LAME OF C	11085 LI	MEP!	ATUXEN	t Pkv	y
BP	(Burial	LINOVAL					CITY OR 1	OWN	Conty	STATE M.A
DHMH - 16 60M 7/73		UNERAL DIRECTOR		1 100 0	112 4016	roll	on Churchso DA	TE REC'D, BY REC	GISTRAP 256. REGIS	STRAR'S SIGNA	JUB Europe De
(VR A 15 (4))	lar	ry H.Witzk	e Fun	Home R	112 Old (OTUMC	d 21043	- FR 0 2	1300		

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FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6		
	REG.	NO.	

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

5 0 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	33911AL OR ATTEMBING PHYSICIAN. The low requires that the death dysfluore the executed within 24 bloors ofter death ad by the hospital or attending physician.	INSTAL DIRECTOR. After this certificate has been signed by be attending physician and completely tilled in by the funeral bible default of the described for use as the busine firstills permit. Then please is a contracted paper. Pages, and 2 stand by filed within 72 is set to the destin and Memori Hupsane prior to busin, cremation, an employer.
OF VITAL RECORDS, 201 W. PRESTON ST., BAI	CAN, the low requires the the death duchante in physician.	intritions has been signed by se otherchig physical distracts perms. Then please are controlled to the please and the please of the perms of the per
NOISIAID	If AL OR ATTENDING PHYSIC If the hospital or attending	AND DRECTOR After this co- detached for use on the burn- tote Dept, of Health and Mer-

REGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	-	-	
DECEASED NAME	Guy	Edwa	rd	Skidn	iore	20 DATE OF DEATH M		Y YEAR	26. HOUR
Male		White		5. DATE O	i. 20°, 1905°	6. AGE (IN YEARS LAST BIRTHE		UNDER 1 YEAR	HOURS MIN
West Vi	rginia	V.S.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR Carroll C		FDEATH	м
Westmin	ster	Car:	roll Coun	aty Ge	en. Hospital	12g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V		INDUSTRY	of Business of
Md.	Balt	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 13: CITY OR TOW Reisterst	/N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / 2 833 Ivydal	ZIP CODE e Ave	211	.36
FATHER'S NAME FIRST Emory	Α	MIDDLE SI	kidmore		15. MOTHER'S MAIDEN NAME FOR THE PROPERTY OF T	Ann		oggs	57
YES NO DE UNKNOW		MED FORCES? E WAR OR DATES)	235-22-2		Glenna Skidm	833 TVyd ore Reisters	ale Artown,	Md. 2	21136
	immediate stating the cause last.	(b) DUE TO, OI	r as a conseque	ENCE OF	NOT RELATED TO THE TERM	nnal disease or condi	TION GIVEN	N IN PART 1	a
190 DATE OF OF	PERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYII YES	WERE FINDING CAUSES	NGS USED S OF DEATH? NO []
OR CONTRIBUTING (IF EITHER NOTIFY 21d. INJURY OC WHILE N	AS UNDERLYING CAUSE OF DEA' MEDICAL EXAMINER) CURRED OT WHILE CAUSE ALL WORK	P. 21e PLACE	M. MONTH DA	AY YEAR 19	211 LOCATION STREET	RED (ENTER NATURE OF INJURY I		COUNTY	STATE
saw the de abave, (1) (v	ceased alive an	Feb 6,	e deceased fram_ 19_4 after death		nd that in (my) (aur) apinian (death accurred on the date	and have a		that (1) (we) las causes stated
226 SIGNATUR	John	5- Ne	whey	mis	FITTSICIAN L	MEDICAL STAFF		220 DATE	SIGNED
230 BURIAL, CREMATI	S NAME (TYPE OF		ARSHEY 123ch		22e ADDRESS B Clucker, EMETERY OR CREMATORY	St. Westin	rate	, red.	24123
Burial					en Mem. Garde	C-111 - C-1 - C-1 - C-1	, Cari	roll,	Md STATE

Owings Mills, Md. 21117

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

White

	REG. NO.	U Z) () 0	44
-	20 DATE OF DEATH MONTH	DAY	YEAR	2b. HOL	JR .
	February 19, 1	996		17	50N
	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
	86 YRS	MONTHS	DAYS	HOURS	MIN.
_	9 BALTIMORE CITY OR COUN	Y OF DE	ATH		

lune

1899 MARRIED NEVER MARRIED

DIVORCED T

Count

Kuldhers

13e STREET ADDRESS / ZIP, CODE

MIDDLE

176. KIND OF BUSINESS INDUSTRY 21102

4 FATHER'S NAME

Amue

DECEASED NAME TYPE OR PRINTS

18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and ic

IMMEDIATE CAUSE 10

MANCHESTER

15 MOTHER'S MAIDEN NAME AVINIA 17 INFORMANT

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

MAVIE

Instatetic Caremon

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

190 DATE OF OPERATION

Carcino DUE TO, OR AS A CONSEQUENCE OF

PART I. DEATH WAS CAUSED BY

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21h TIME OF INJURY HOUR A.M. MONTH DAY YEAR

19h CONDITION FOR WHICH OPERATION WAS PERFORMED

YES NO P YES [214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

200 AUTOPSY?

CERTIFICATION MEDICAL JIF EITHER NOTIFY MEDICAL EXAMINER) 214 INJURY OCCURRED

P.M 21e. PLACE OF INJURY

(AT HOME STREET FACTORY OFFICE FARM ETC.)

211 LOCATION CITY OF TOWN

COUNTY STATE

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

WHILE NOT WHILE AT WORK 220 | certify that (1) (this hospital) attended the deceased from Folk (

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (1) (weildid) ided not view the body ofter death 77h SIGNATURE

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

22c. DATE SIGNED

saw the deceased alive on____

HARSHEW

& ducker At Westwinster

DHMH - 16 60M 7/B4 (VRA 15, 4)

0

MPORTANT

Feb 19